Lectures
ON
MOLECULAR PHYSIOLOGY, PATHOLOGY, AND THERAPEUTICS,
AND THEIR
APPLICATION TO THE TREATMENT OF DISEASE.

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LECTURE IV.

THE TUBULAR ELEMENTS OF THE TISSUES.

Definition.—By a tube is understood, as an element of the textures, a microscopical filament composed of a wall and contents. Optically it is distinguished from a fibre by one or two thin lines on each side gradually passing into a broad light space in the centre.

Varieties of tubes.—These are numerous in plants, where they constitute the various ducts—simple, dotted, reticulated, spiral, and scalariform—and the lactiferous tissue. In animals we may divide them into Air, Blood, Dental, Bone, and Nerve Tubes.

1. *Air tubes.*—The larger air and blood tubes, such as the trachea and bronchi on the one hand, and the large arteries and veins on the other, must not be regarded as elementary tubes, but as hollow viscera, being composed of various laminæ or coats, and, like the digestive tubes, being, in truth, important organs. Their ultimate ramifications, however, become more simple. The air tubes are strengthened in the higher animals with rings or nodules of cartilage, so as to keep them permanently open; and in the lower animals, especially insects, as in plants, they present a spiral fibre in their interior, so that they are always patent.

2. *The blood tubes*, including the lacteals and lymphatics, when traced towards their capillary terminations, gradually lose their elastic and areolar coats. In small arteries we see them almost wholly composed of fusiform cells, arranged in two layers longitudinally and circular. In the smaller vessels these blend together, and in the ultimate capillary we observe only a simple membrane, having oval nuclei imbedded in it. Such membrane is admirably fitted to permit of transudation through it of the nutritive fluid essential for the maintenance of the animal structures.

3. *The dental tubes* exist in the dentine or ivory of teeth, and run between the pulp on the inside to the enamel above and crusta petrosa below, in concentric parallel lines like the spokes of a wheel. On cutting them directly across, and examining the transverse section, you will see they present the physical characters of tubes. Often branched, they are generally supposed to convey nutritive fluid from the bloodvessels; but Mr. Tomes has recently described them as containing a semi-solid substance, which he thinks resembles a nerve structure. This statement has generally been received by dentists as explanatory of the excessive tenderness often manifested by teeth on the surface from superficial lesion, or from no detectable lesion at all. At the same time, I am not satisfied that this view is supported by actual observation, or that the coagulated substance said to exist in these tubes by Mr. Tomes, and also seen by Dr. Beale, is nerve or germinal matter, as distinguished from coagulated nutritive substance. On this point further researches are necessary.

4. *The bone tubes* are the canaliculi which keep up the communication between the lacunæ of each concentric Haversian system in osseous texture. The Haversian canals, themselves furnished with a vascular lining membrane, and containing marrow or air (as in birds), must be regarded as compound hollow tubes or viscera. It is not my intention to enter on this occasion at length into the important question of the structure of bone. From what has been said in former lectures, you will gather that I regard it as being essentially formed by the deposition of molecular mineral particles in the intercellular substance of cartilage; and that a study of its mode of development constitutes one of the strongest arguments against an exclusive cell, and in favour of a molecular, theory of organization.

5. *The nerve tube* is composed externally of a delicate membrane, called the neurilemma of the nerve tube. Inside this is a transparent, semi-solid, and peculiarly plastic material, called the white substance of Schwann. This, in its turn, encloses a viscous fluid. On mechanically breaking up these tubes, the white substance of Schwann—which in the fresh structure is characterized optically by two distinct lines, with a clear central streak on each side of the tube—has the property of rolling itself into globules or corpuscles of varying size and shape. Each of these is characterized by the double line externally, and I have frequently produced them by squeezing the white substance of Schwann out of the investing sheath or neurilemma, and have seen them under the microscope rapidly unite at their two open extremities. By gently pressing these tubes also, when separated in a perfectly fresh nerve, the semi-fluid contents can be forced out of their extremities, and made to coagulate on the glass slide, outside the open mouth of the tube. In the perfectly fresh tube I have never succeeded in seeing a central band or axis. When, however, any coagulating agent is added to it—even water—the fluid contents are immediately solidified, (Fig. 54,) and, if long steeped in chromic acid, appear in the form of a solid rod, which runs down the centre of the tube. This is the band of Remak, or axis cylinder of Purkinje. It has, like the nuclear elements of the textures, peculiarly the property of being coloured by ammoniacal solutions of carmine, when it is easily shown to be continuous with the nerve cell, and its course traced anatomically with great exactitude. Coagulating agents also cause solidification of the white substance of Schwann in concentric circles round the tube, easily visible when viewed in transverse section. The prepared specimens of Mr. Lockhart Clarke have never been surpassed in beauty, and they have led, in his hands, to most important discoveries. At the same time, it is my belief, from prolonged careful investigation into the structure of the nerve tube, that, as no central axis can be demonstrated in the perfectly fresh tissue, its existence is altogether a post-mortem phenomenon.

These tubes vary greatly in size, being largest in the cerebro-spinal nerves generally, reaching the one-thousandth of an inch in diameter (Fig. 50); they are smaller in the spinal cord, (Fig. 51,) and smallest in the white substance of the cerebral hemispheres (Fig. 52). In these two last situations also they present various enlargements, which I think are

FIG. 50. FIG. 51. FIG. 53. FIG. 54.

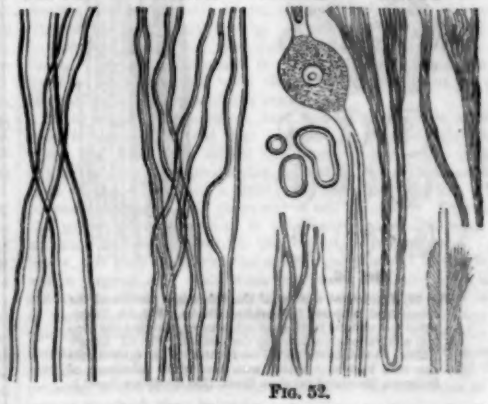

FIG. 52.

Fig. 50. Tubes in the sciatic nerve of a frog, taken from the recently-killed animal. Fig. 51. Tubes in the spinal cord of the sheep, taken from the recently-killed animal. Fig. 52. Tubes from the white matter of the cerebral hemispheres. Fig. 53. Connexion of a nerve tube with a nerve cell, from the Gasserian ganglion of a sheep. Below this figure are three globules of the white substance of Schwann, squeezed from the tube. Fig. 54. Effect of water on the spinal nerve tubes of the sheep, showing fibrillation of the white substance of Schwann, and formation of the central axis.

also post-mortem phenomena, the neurilemma being of exceeding tenuity, and easily stretched by the pressure of the covering glass when demonstrated under the microscope (Fig. 51). As they approach the periphery of the cerebrum and cerebellum, they become finer and finer, and are lost among the molecular grey substance in the one case, and the internal granular layer in the other. It has been supposed by several German anatomists that these nerve tubes are bound together by fibrous tissue. But careful examination has satisfied me that the supposed fibres are either tubes or the fibrillated substance of Schwann (Fig. 54). When a perfectly transverse section of the spinal cord is examined in the carefully prepared specimens of Lockhart Clarke, I have, with Ross's lens of the one-twelfth of an inch, found that the tubes diminish in size until they resemble the smallest molecules; but when so minute as the sixteenth thousandth of an inch in diameter, I have distinctly seen the delicate external circle and central solid coagulated coloured rod. In the same manner, therefore, as I believe that histologists have hitherto failed to reach with their instruments the ultimate molecule in nutritive fluids, or the ultimate fibril in muscle, so they have not yet seen the ultimate tube in nervous matter.

FIG. 55.

FIG. 57.

FIG. 56.

Fig. 55. Transverse section of the tubes in a portion of the spinal cord, prepared by Lockhart Clarke. Fig. 56. Transverse and oblique sections of other tubes, showing the central axis variously affected by the section. Fig. 57. Longitudinal section of the spinal cord, showing the central axis cut into various lengths, with the white substance of Schwann fibrillated between them. (250 diameters linear.)

Development of tubes.—In plants there can be no question that tubes are formed from the apposition of cells lengthways, and the disappearance of the partitions between them, as originally described by Schleiden. There is every reason to believe that in animals the air, blood, dental, and nerve tubes are similarly formed, as pointed out by Schwann, although the histogenesis of the nerve tube is still, as the result of actual observation, one of great obscurity. The canaliculi in bone, on the other hand, I have long recognised and taught as spaces left between the nuclei and circumference of the calcigerous masses as they are formed. On this point, I entirely concur in the views recently published by Dr. Beale.

Contractile movements of tubes.—The tubular, like the molecular, cellular, and fibrous elements of the tissues, possess independent power of motion. This is best seen in the smaller blood tubes, which are evidently contractile, and capable of diminishing or enlarging their calibres under the action of various stimuli, such as mechanical and chemical irritants on the one hand, and peculiar nervous influences on the other. Thus, friction, cold, chemical astringents, and warmth produce pallor or redness of the surface, and similar effects are occasioned by the mental emotions of fear and shame. Mr. Lister was the first clearly to demonstrate on the minuter arteries contractile fibre cells, to which he attributed the effects, and to these only he limits the contractile property. I am inclined, however, to believe, from many careful observations, that this property is more extended than he supposes.

The function of the tube elements of the textures may be regarded on the whole as one of *conduction*—that is to say, they conduct something to and from various parts of the economy. Thus the air may be regarded as a nutritive fluid, which, passing through the air tubes, gives up its oxygen to prepare the blood for its office. This, again, is propelled through the blood tubes, and contains the essential materials of growth in a state of solution, which passes through their delicate walls. The dental tubes are supposed also to convey nutritive fluids, although, if they really contain nervous matter, as Mr. Tomes supposes, they will follow the mode of conduction of a nerve rather than of a nutritive tube. The bone tubes, communicating with lacunæ, resemble the canals or rivers which connect together a series of lakes—a physical condition highly favourable to the deposition of mineral matters.

The nerve tube possesses the property of receiving impressions from various stimuli, and conducting the influences these produce in different directions. The impressions may result from the contact of light, sound, touch, sapid bodies, and odours; and the tubes which receive impressions from these stimuli have been regarded, in conjunction with particular organs, as constituting the nerves of special sense. But there are doubtless numerous other tubes peculiarly qualified to receive impressions connected with particular sensations—such, for example, as those of cold or warmth, of weight, of hunger, thirst, and numerous other feelings—which, although not yet actually discovered, must have relation to the special endowments of these tubes. As to the direction in which these influences travel, we now know that they pass, first, from the brain to the voluntary muscular system generally; second, from the surface and the organs of sense to the brain; third, from one side of the body to the other, through the spinal cord; fourth, from the cerebro-spinal system through ganglia to numerous glands, non-voluntary muscles, and to the blood vessels. There may be other directions in which nervous influence travels, but such have not yet been discovered. In the meantime we know that the nerve tubes are not only idio-motor and sensitive (general and special), but diastaltic, nutritive, secretory, and vaso-motor.

Effects of electricity on nerves.—DuBois-Reymond discovered that, like muscles, nerves also possess an electrical current, but much weaker, running from the longitudinal external surface, which is positive, to the transverse internal one, which is negative. If a constant galvanic stream be carried in the natural direction of this current, it is increased; if in the contrary direction, it is diminished, and the nerve is in a peculiar state, called by DuBois Reymond the *electrotonic state*. Pflüger discovered that under these circumstances the excitability of the nerve is diminished near the positive pole, and increased near the negative pole—two conditions which he named respectively *anelectrotonic* and *catelectrotonic*. He further ascertained, as the result of numerous ingenious experiments, that—1st. Both the increased and diminished excitability so caused is made more intense as the force of the current is augmented. 2ndly. That during the flow of the current the power of conduction in the nerve is diminished in the anelectrotonic state. But on opening the current, the conducting power returns there, and is diminished where it was in the catelectrotonic state. 3rdly. That excitation of a nerve is induced at the moment of change, either *into* the catelectrotonic, or *out* of the anelectrotonic states; whereas the change out of the catelectrotonic, or into the anelectrotonic causes no irritation. It is not, therefore, throughout its whole course that a nerve is excited on closing the electric circuit, but only as now stated. Hence, 4thly, the amount of contraction in a muscle caused by irritating its motor nerve is weak or strong according to the direction and force of the current. 5thly. The further a motor nerve is irritated from the muscle the greater is its excitability and its influence on the muscle, which is the very contrary of what was formerly supposed to be the case.* Other remarkable facts as to the excitability of nerves when stimulated by electricity are the result of the incessant labours of the present Berlin school of physiology, with DuBois-Reymond at its head. They are largely adding to our knowledge of the functions of the nervous system. As to the theories put forth by DuBois-Reymond and Pflüger, it will for the present be sufficient to say, that they consist in attributing the changes which occur to alterations in the position and forces of the ultimate molecules of the nerves.

These researches point out to us that the vital properties of nerves, as of other tissues, are correlative, and that excitability, like contractility, when employed, is at the expense of electricity. Hence the vast importance of temperature, moisture, the electrical condition of the atmosphere, and other general causes, to the integrity of the nervous system. The influence of electrical currents on nerves, also, when further studied, serves to explain numerous facts long recognised during storms, such as the restlessness of cattle, the so-called sportiveness of fish, increased irritability of insects, and even in man the rheumatic, neuralgic, cerebral, and other phenomena which occasionally then appear in nervous individuals. The excited or depressed condition of some persons in good or bad weather may also be

* Pflüger on Electrotonus, 1859.

thus explained, and the whole inquiry lead to more exact and useful principles in the application of electricity as a therapeutic agent.

In now taking a *general view of the structural relations of the tissues*, we observe that the molecular, cellular, fibrous, and tubular elements are more or less mingled together, but that some tissues abound in one, and others in another. Thus the molecular element abounds in the nutritive fluids, in voluntary muscle, and in the grey substance of the cerebral convolutions; the cellular element abounds in adipose, in glandular, and in epithelial tissues; the fibrous element in areolar texture, ligament, tendon, and muscular tissues; and the tubular element in brain, spinal cord, bone, tooth, and throughout the body in the form of minute ducts, nerves, and bloodvessels. They all, as we have seen, serve general purposes in the economy. The molecular may be regarded as nutritive or, as Dr. Beale has called it, germinal matter. The cells serve to elaborate this matter for secretion, excretion, and certain kinds of growth. The fibres connect parts together, and in the molecular form of muscular fibre present the highest degree of contractility. The tubes conduct nutritive fluids, and the nerve tubes that influence which is capable of exciting action in brain, voluntary muscle, glands, and vessels, by bringing each in connexion with, or under the control of, thought.

We perceive further that those actions which are peculiarly vital, such as growth in certain directions, the power of contractility, and the existence of sensibility, are not, as some have supposed, the peculiar attribute of any one peculiar element of the textures, such as of cells or nuclei. I regard one and all as possessing powers which are necessary for the well-being of the economy, and each as reacting for the common welfare on one another. Thus growth may be molecular, cellular, fibrous, or tubular. Contractility and spontaneous movements may, as we have seen, be present in each of these elements; and sensibility unquestionably is shared by nervous matter, at least in its molecular, cell, and tubular forms.

As to development, the molecular is the basis of all the tissues. The first step in the process of organic formation is the production of an organic fluid; the second, the precipitation in it of organic molecules, from which, according to the molecular law of growth I described in my first lecture, all other textures are derived, either directly or indirectly.

When we investigate the functions of plants and animals—for example, generation, nutrition, secretion, motion, and sensation, we find them all necessarily dependent on the permanent existence and constant formation of molecules. Thus generation, both in plants and animals, is accomplished by the union of certain molecular particles called the male and female elements of reproduction. Among the Protophyta, the conjugation of two cells enables their contents, or the endochrome, to mix together. This endochrome is a mass of coloured molecules, and the union of two such masses constitutes the essential part of the generative act. In the Cryptogamia, a vibratile antheroid particle enters a germ cell, and finds this last filled with a mass of molecules which, on receiving the stimulus it imparts, assumes the power of growth. It is the same among the Phanerogamia, when the germ cell is impregnated by the pollen tube. In all these cases it is necessary to remember that the protoplasm is a mass of molecules; that a spore is another mass of molecules; that sporules are molecules; that antherozoids are only molecules with vibratile appendages; and that the so-called germinal matter of the ovule is also nothing but a mass of molecules. Cell forms are subsequent processes, and once produced may multiply endogenously, by gemmation or cleavage. All that is here contended for is, that the primary form is molecular, and that the force-producing action in it is a molecular force.

In animals, as in vegetables, every primary act of generation is brought about by the agency of molecules. The Protozoa entirely consist of mere molecular gelatiniform masses, in which it has never been pretended that a cell wall or central cell exists. And yet such masses have the power of independent motion, and of multiplying by gemmation. Considerable discussion has occurred as to whether, among Infusorians, there is a union of sexes or a conjugation similar to what occurs among the Protophyta; but in either case it is by molecular fusion that the end is accomplished. In the higher classes of animals there are male elements, consisting of molecules, generally with, but sometimes destitute of, vibratile filaments; and female elements, composed of the yelk within the ovum, containing a germinal vesicle or included cell. Both spermatozoid and germinal vesicle are dissolved in the molecules of the yelk, which then, either wholly or in part, by successive divisions and transformations, constitute a germinal mass out of which the embryo is formed. Here, as in plants, it is necessary to remember that the spermatozoids, the yelk, and the germinal mass are all composed of molecules, and that these, combining together, form the nuclei, cells, fibres, and membranes which build up the tissues and organs of the organism. It is not from either the male or the female element that the embryo is formed. The supporters of an exclusive cell doctrine have endeavoured to show that there is always a direct descent either from the wall of the ovum or from the germinal vesicle as its nucleus. Thus some consider that the vitelline membrane sends in partitions to divide the yelk mechanically. Others have formed the idea that the germinal vesicle bursts, and that its included granules constitute the germs of those cells which subsequently form in the germinal mass. Others, again, suppose that on impregnation the germinal vesicle divides first, and that the molecules of the yelk are attracted round the two centres so formed. But numerous observations have satisfied me that both spermatozoid and germinal vesicles are simply dissolved among the molecules of the yelk, from the substance of which, stimulated and modified by the mixture so occasioned, the embryo is formed—a view which has further the merit of explaining what is known of the qualities of both parents observable in the offspring. The truth appears to be, that in an analogous manner to that in which the pigment molecules of the skin are stimulated by the access of light to enter into certain vital combinations with one another, so are the molecules of the yelk stimulated by the access of the spermatozoid to produce those other vital combinations that result in a new being. The essential action is not so much connected, as has hitherto been supposed, with the cell wall or nucleus as with the molecular element of the ovum.

With regard to nutrition, food and all assimilable material must be reduced, in the first instance, to the molecular form; while the fluid from which the blood is prepared—namely, chyle—is essentially molecular. Most of the secretions originate in the effusion of a fluid into the gland follicle, which becomes molecular, and gives rise to cell formation. In muscle, the power of contractility is inherently associated with the ultimate molecules of which the fasciculus is composed. And lastly, the grey matter of the sensory ganglia and of the brain, which furnish the conditions necessary for the exercise of sensation and of even intellect itself, is associated with layers of molecules which are unquestionably active in producing the various modifications of nervous force. These molecules are constant and permanent as an integral part of these tissues, as much as cells or fibres are essential parts of others; and their presence is not transitory, but essential to the functions of the organs to which they belong.

All these facts point to the conclusion that vital action, so far from being exclusively seated in the cells, is also intimately associated with the elementary molecules of the organism.

This molecular theory of organization is opposed to the views of those who support an exclusive origin for the tissues in cells alone. The fallacy of such a cell theory will, however, be manifest by considering for a moment what it imposes upon us. Not the fact, which has been long recognised, that cell may be formed within cell, or that proliferation of cells constitutes an important and a common method of cell multiplication; but *that is no other possible way* can a cell or a living particle be produced. It asserts that all embryonic textures in the ovum, all adult tissues during life, and every kind of morbid formation, are to be traced to the cell, and can originate in it alone. In short, parodying the celebrated saying of Harvey, "*omne animal ex ovo*," it has been attempted by Virchow to establish the law of "*omnis cellula e cellula*," and to maintain that "the cell is really the ultimate morphological element in which there is any manifestation of life, and that we must not transfer the seat of any real action to any point beyond the cell."* Now, I have pointed out to you that such a doctrine is inconsistent with numerous facts, and we shall see that histologists (including Virchow himself) have been so unsuccessful in tracing all tissues back to cells, that they have universally recognised that cells must originate, in the first instance, from a formless or molecular fluid or material, called by Schwann a blastema. Besides, no attempt has been made (even by Virchow) to show that muscle, nervous matter, the vascular system, and the blood only originate in cells. He himself admits (p. 50) that this cannot be established. Several tissues are absolutely structureless, such as the sarcolemma, the neurilemma of the nerve tube, the vitelline membrane, the anterior and posterior layers of the cornea, and the capsule of the crystalline lens. They are apparently the result

* Cellular Pathology, by Chance, p. 3.

of simple coagulation and the subsequent union of minute molecules, such as occurs in the haptogen membrane. The development of bone and the various forms mineral matter assumes in the integumentary skeletons of many animals, such as the Holothuria, Sinaptæ, &c., are wholly opposed to this cell theory, the mineral matter being deposited outside the cells, and often assuming the form of spicules, hooks, anchors, &c., which can have no possible reference to cell growth. Then, so far from it being correct "that we must not transfer the seat of real action to any point beyond the cell," which is another fundamental part of this cell theory, you will find that Virchow admits (p. 54) that the contractile action of a muscle is seated *in its ultimate granules;* and he adopts (p. 290) DuBois-Reymond's theory of electrical action in nerve as being dependent on "a change in the position which *the individual molecules assume to one another.*" We have previously seen that the Amœbæ are living animals composed wholly of masses of molecules, in which no cell structure has yet been detected. If, therefore, it cannot be shown by the chief supporter of this theory that many important tissues are formed directly from cells, and if it be admitted that the vital actions of these same tissues are inherent in their ultimate molecules—elements in no way connected with and quite distinct from cells,—what becomes of the formula *omnis cellula e cellulâ*, and of the doctrine that "we must not transfer the seat of real action to any point beyond the cell"?

On the other hand, the molecular theory of organization does not appear to me chargeable with any such defects. It is consistent as a whole, and embraces all known facts. As investigations are multiplied, the more it becomes evident that the ultimate vital elements of the tissues are their molecular, and not their cell, constituents. Indeed it is now agreed by many upholders of a cell theory, that the potential part of the cell is not the wall nor the nucleus, but the contents. Now these contents are for the most part molecular; and if we must have a doctrine of unities, it is evidently more reasonable to adopt a view of simple unities like molecules, than of composite advanced formations like cells. As a whole, the molecular theory appears to me to possess all the attributes of a true theory, and as such I have no hesitation in recommending it to your adoption, not only as a basis on which the formation of healthy structures may be explained, but as one eminently valuable when applied to morbid formations, and, above all, in assisting us to reach (as we shall subsequently endeavour to show) correct modes of treating disease and a true therapeutics.

ON

CERTAIN ERRORS IN THE DIAGNOSIS AND TREATMENT OF RETENTION OF URINE.

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HAVING lately had under my notice several cases in which serious errors have been committed, both in the diagnosis and treatment of cases of retention of urine *not dependent upon stricture of the urethra*, and in which that canal was in a healthy condition, I wish to bring their salient points under the notice of the profession, together with some remarks upon the treatment pursued.

Retention of urine in a healthy man may be said to occur generally from one of three causes:—1st. From over-distension consequent on the postponement of the act of micturition. 2nd. Upon spasm arising from irritation of the urine after a debauch. 3rdly. From either or both of the above acting upon an elderly person subject to more or less enlargement of the prostate.

One would imagine that in all cases of retention the history of the case and the urgency of the symptoms would sufficiently indicate that the patient is suffering from retention and not suppression of urine, even if the point had not been so strongly insisted on as it has by all modern writers upon the subject. The resulting dribbling away or overflow from a distended bladder has also been fully described; and I cannot do better than quote one of the latest descriptions (Cooper's "Surgical Dictionary," art. Bladder):—

"Under these circumstances (loss of power) the bladder becomes distended, and, when the distension is excessive, the sphincter action of the neck of the bladder is overcome, and the urine dribbles away by slow degrees in sufficient quantity to prevent *further* distension, but without relieving that which already exists. A practitioner unaware of this might mistake the case for one of incontinence of urine, in which there is inability to *retain*, instead of inability to *expel*, the urine."

After describing the symptomatic tumour in the hypogastric region, and the dulness yielded by percussion of a distended bladder, the author quoted says: "In cases where the surgeon is in any doubt, however, the introduction of the catheter will at once clear up the difficulty." It is here, however, in my experience, that a fallacy occurs which constantly leads to most serious error. The surgeon introduces a silver catheter into the urethra, it is true; but the instrument never enters the bladder, being either too short (as is frequently the case, especially when the prostate is enlarged), or, being thrust onwards, makes a false passage in which the point becomes entangled. Or, again, the surgeon employs an elastic catheter without a stilette, under the impression that thus no damage can possibly be done; and the instrument is then either too short, or, as is frequently the case, it bends upon itself, and never reaches the bladder at all. It has happened that a catheter has been blocked with coagulum &c., which has not allowed the passage of urine even after the catheter has entered the bladder; but only great carelessness could overlook this.

The only way to be perfectly certain that a catheter has reached an *empty* bladder is to inject water through it, which it will readily admit; whereas if the instrument has *not* reached the bladder, it will be impossible to inject more than a few drops. The same plan may be adopted in those rare cases where a *full* bladder has been reached, but the instrument has become temporarily obstructed with clot, which prevents the exit of urine.

The following two cases are good examples of over-distension of the bladder, resulting in loss of power, and consequent retention; one of which subsequently proved fatal, owing, no doubt, to unrelieved distension of the bladder, and the other being mistaken for a case of suppression of urine, also terminated fatally.

CASE 1.—In January, 1861, I was requested to visit Mr. M——, a hale, hearty man, aged sixty-two, who was suffering from retention of urine arising from over-distension of the bladder. He told me that whilst travelling from Birmingham to London he had, after leaving Rugby, an urgent desire to pass urine, which he was compelled to repress, and when he arrived in London he found it impossible to relieve himself of even the smallest quantity. He drove to his house as quickly as possible, and sent for his surgeon, who attempted to pass a catheter, but failed. There was considerable hæmorrhage from the urethra, but no urine passed; the patient was therefore placed in a warm bath, and twenty minims of tincture of opium were administered. At midnight I was requested to see him, when a superficial examination sufficed to show that the bladder was greatly distended; and upon passing a *prostatic* catheter (which was accomplished without the slightest difficulty), more than a quart of urine was removed.

Vivid recollections of previous cases in which grave errors had been committed, induced me to point out particularly to the practitioner in attendance the necessity of introducing the catheter at least four times in the twenty-four hours, in order that the bladder might be kept moderately empty, and so be enabled to recover its tone; but that gentleman, believing that all difficulty in the treatment of the case was over, did not think it necessary that I should see the patient again.

A fortnight afterwards I had occasion to meet the same practitioner, and upon inquiring about his patient, learned that he was "dead and buried!" I afterwards ascertained that the bladder had not been relieved by the catheter, as I had advised, because the urine had dribbled away after many hours' retention, and it was therefore believed that there was not any in the bladder.

CASE 2.—In March, 1861, I was requested by another surgeon to see a case of supposed "suppression of urine." The patient had been in the habit (owing to his occupation) of retaining his urine for a long time; but on the present occasion he had neglected to relieve his bladder when the desire was urgent, and when at length an opportunity offered he found himself incapable of evacuating even the smallest quantity.

His sufferings, as in the previous case, were most severe, the desire to pass urine becoming more urgent every hour, and being accompanied by the most violent but futile strainings. His surgeon attempted to pass an *elastic* catheter, and as he believed successfully, since the whole length of the instrument was introduced; but no urine escaped. This was repeated with some difficulty on three or four occasions, and was followed by smart hæmorrhage, but without in any way relieving the patient. Believing that the patient was suffering from suppression of urine, the surgeon ordered fomentations to the region of the bladder, and administered nitrate of potash and digitalis, and, as is usually the case, after several hours a small quantity of urine was voided, and it continued to dribble away for several days, the constitutional symptoms being severe, and gradually assuming a typhoid character. At this stage of the case I was requested to visit the patient, and found, as in the former instance, that the most superficial examination revealed the nature of the case, the bladder being enormously distended, and forming a prominent tumour above the pubes, which yielded a dull sound on percussion. I introduced a No. 9 silver catheter with care, and drew off *two quarts of urine*, and another quart was removed in the evening. Although every attention was paid to the after-treatment of this case, the patient gradually sank, and died within a week of my seeing him.

In the following cases, in addition to the urgent symptoms consequent upon an over-distended bladder, the patients lost a considerable quantity of blood from the bladder, which was not effectually arrested until I had recourse to the administration of turpentine in ten-minim doses, the good effects of which I have frequently witnessed in such cases.

CASE 3.—Towards the close of last year I was requested by telegram to proceed to a town more than a hundred and fifty miles distant to visit a gentleman who had alarming vesical hæmorrhage. Upon my arrival, I found the patient, who was sixty-two years of age, pallid and feeble, partly from loss of blood, and partly from the exhaustion incidental to low irritative fever. On inquiry, I found that my patient, who up to ten days before had enjoyed most excellent health, had had, whilst engaged in transacting important business, an urgent desire to void urine, but was unable to quit the room for that purpose, and that when able to do so a short time afterwards he had found himself incapable of micturating. A surgeon was sent for, who attempted to introduce a catheter into the bladder, and the instrument was said to have *passed for its whole length*, but no urine was withdrawn. Similar attempts were repeated three or four times (as in Case 2), but with the same result; and, although the patient was suffering the most intense agony, the case was now considered to be one of "*suppression*," and linseed-meal poultices were applied to the abdomen, whilst the patient was desired to drink plentifully of barley-water and linseed-tea, in order "*to force the water*."

On the following days the urine was passed in small quantities at short intervals, the swelling and agony remaining unrelieved; and the patient became much exhausted and passed into a typhoid condition. After having been allowed to remain with a distended bladder *for six days*, another surgeon was consulted, who passed a catheter without difficulty, and *removed three pints of bloody urine*. This gave great relief, and the patient *rallied*; but the urine, which was drawn off only twice a day, still contained a large quantity of blood, which was unchecked by gallic acid, tincture of iron, and turpentine in two-minim doses, and I was therefore summoned.

On my arrival, I at once introduced a gum-elastic catheter, and removed a pint of urine loaded with blood; and having then washed the bladder out with cold water, I fastened the catheter in, and directed the patient to evacuate the bladder every four hours. Turpentine, in ten-minim doses, in mucilage, was given internally, and repeated every four hours, and produced an almost immediate effect upon the hæmorrhage. In consequence of the coagulum which remained in the bladder, the eye of the catheter became blocked during the night, and the patient was unable to relieve himself. I therefore removed the instrument, and introduced one with a large eye, through which the urine, containing now but little blood, flowed freely. On the following day the urine was nearly natural, and the patient somewhat improved in general condition; and the reports subsequently forwarded to me state that the appetite has returned, the bowels are regular, and the urine is free from blood, but that the patient *has as yet no power of expulsion*, and is still obliged to have the catheter employed. Iron and quinine are now being administered, and the urine is withdrawn three times during the day, and twice in the night. The patient is able to take a daily airing in his carriage; but it remains to be seen whether he will recover the power over his bladder.

The next case, closely resembling the preceding, occurred in my practice at the Westminster Hospital; and the notes have been furnished by Mr. Beadles, the house-surgeon.

CASE 4.—John M——, aged sixty-four, a shoemaker, was admitted into Matthew ward of the Westminster Hospital, under Mr. Barnard Holt, on the 26th of November, 1862, with hæmaturia. He states that two days before admission he was coming up to London from Devonshire, and that whilst on his journey he wanted to pass urine very much, but could not do so owing to the short stoppages made by the train. On arriving at the Waterloo station he found himself unable to void urine at all, and was in great pain, but went home to his lodgings and got to bed. The pain increasing, and being still unable to pass a drop of urine, he got up and went to Guy's Hospital, where a catheter was passed after several trials, and the bladder was emptied. He applied at the Westminster Hospital on the evening of the same day, still suffering from retention, when a No. 9 catheter was readily passed, the urine drawn containing a large quantity of blood.

On the following day (the 26th) he was admitted into the hospital, and the catheter was passed every four hours. He was ordered gallic acid, in five-grain doses, every four hours.

Nov. 29th.—The retention and hæmorrhage continued.

Dec. 1st.—He was ordered fifteen minims of the muriated tincture of iron three times a day, and an elastic catheter was kept in the bladder, the urine being drawn off every three hours.

4th.—The hæmorrhage continuing, he was ordered ten-minim doses of turpentine in mucilage three times a day, and the catheter was removed, but was obliged to be reintroduced, as it was found that he had no power of micturating.

17th.—The blood has disappeared from the urine.

19th.—Catheter removed, and the patient was able to pass quite clear urine without assistance. To discontinue the turpentine, and take the muriated tincture of iron. There was no relapse, but his strength much improved, and he left the hospital well on the 10th of January, 1863.

The cases I have already described may be termed *acute*, but there are others of a more *chronic* character in which mistakes of a similar kind are continually occurring. I mean those in which there is frequency of micturition of some months' duration, accompanied by great general irritation of the system and *excessive thirst*, and in which the fact that the patient never thoroughly empties his bladder, but leaves a constant *residuum* of urine, has been entirely overlooked. The following is a good case in point:—

CASE 5.—Mr. F——, residing on the south coast, consulted me last year in consequence of frequency of micturition, which necessitated his relieving himself every three-quarters of an hour, both night and day. His health was greatly impaired from want of rest, he was very irritable, and had pain over the pubes and *excessive thirst*. He had consulted several surgeons, who had prescribed various remedies without relief. A careful inquiry into the history of his case assured me that the bladder remained always more or less permanently full, although the ordinary quantity of urine was passed during the twenty-four hours, and although his urethra readily admitted, as he told me, a No. 10 catheter. He had no power of ejecting the urine *any distance from his body*, but it came away in a dribbling, uncertain stream, which dropped down between the legs. I desired him to micturate before me, when only about an ounce escaped; but upon introducing a catheter I drew off five ounces of offensive urine, and upon injecting the bladder with warm water found that it would not hold more than six ounces. The nature of the case was thus obvious: for six months this gentleman had been suffering from retention of urine, although he passed as much during the twenty-four hours as the kidneys secreted. I desired him to pass his catheter every six hours, and to wash out the bladder every night, gradually increasing the quantity of water injected, so as, if possible, to distend the bladder eventually to its normal capacity. He was ordered to live well, and take wine (from which he had previously been debarred), with the tincture of steel twice a day.

In a few days he had so far improved as not to require to pass urine more frequently than every four hours, and he now has improved materially in general health; his *thirst* has entirely subsided, and he has gained flesh, whilst the capacity has so improved that he has to relieve himself only once during the night. It is more than probable that this gentleman's bladder may never recover its tone, and that the error of treatment com-

mitted will necessitate *the constant use of a catheter for the rest of his life*; but as he has gained some slight power of expulsion during the last few weeks, it is just possible that he may alleviate his unfortunate condition.

The foregoing cases, which I have selected from among a considerable number that have come under my notice, will sufficiently illustrate the errors in diagnosis and treatment which are but too common. The history of each was so distinct as to make it difficult to conceive how any error could have occurred. All the patients had been in good health, and free from any urethral or kidney complications; and though in one there was slight enlargement of the prostate, in all the retention was due to paralysis of the bladder consequent on over-distension. In fact, the surgeons under whose care the cases first came were of that opinion, and attempted the introduction of catheters unsuccessfully, and then, putting the cases down as examples of "suppression," were afterwards misled by the dribbling or overflow, which they took to be the re-secretion of the kidneys stimulated by the measures they had adopted.

The diagnosis between retention and suppression is so very easy as to render a mistake perfectly inexcusable. In retention there is the urgent desire to micturate, accompanied with violent spasms, not only of the urethra and perineum, but of the whole abdominal wall; and as time elapses the *urgency increases*, the patient rolling in agony, and straining violently to relieve himself. Besides, the surgeon's hand will at once detect the solid tumour above the pubes, formed by the distended bladder, which will yield a dull sound on percussion. In suppression of urine, on the contrary, there is no urgent desire to micturate, no spasm, and no agony consequent on a distended bladder; but the patient lies in a listless condition, soon passing into coma, whilst the breath and skin exhale a strong urinous smell. Moreover, the bladder will be found empty, and the fingers can be thrust into the pelvis, where the intestines yield a clear percussion sound. It must not be forgotten that a case of retention will at length pass into a typhoid condition, which might possibly be mistaken for the coma of uræmic poisoning; but the history of the case, and the presence of a distended bladder and dribbling of urine would at once point out its true nature.

In all the cases I have seen, the error arises from the catheters not having entered the bladder. Surgeons in general practice, who are not much in the habit of passing catheters, usually introduce a gum-elastic catheter without a stilette, which, if it meets with even slight resistance, is very likely to bend upon itself, and thus never reach the bladder, although its whole length may have been introduced into the urethra. As I remarked in the early part of this paper, the injection of warm water at once clears up any doubt, and the fact that water cannot be injected may be considered conclusive evidence that the catheter has *not* reached the bladder.

I have no hesitation in saying that in all cases such as I have described a catheter *can be passed* into the bladder, and I conceive it to be unjustifiable in any surgeon to be satisfied until he has withdrawn the urine; in which, if he will employ a metallic instrument of moderate size, he will in all probability succeed with ease. Time is of the greatest moment in these cases; and if, therefore, the surgeon in attendance do not succeed in his attempts, he is bound to call in assistance without delay, or his patient may possibly lose his life, or at least be condemned to the misery of the use of the catheter for the rest of his days.

In Case 3 the grossest errors were committed—linseed poultices being applied to the belly and drinks given to "force the water;" and when the second surgeon was consulted, the patient would hardly permit the catheter to be passed, because it had been so frequently attempted, and he had been assured that there was no urine in his bladder, a large quantity having dribbled away owing to the over-distension.

When the greater part of the urine has been withdrawn by the catheter, one of two courses must be pursued: either the instrument must be introduced every four or six hours, or a gum-elastic catheter must be tied in, directions being given to the patient to empty the bladder at those intervals, with the view of keeping it nearly *empty*, so that the bladder may be able to recover its muscular tone and contractile power.

The more I employ it, the more I feel satisfied with the use of turpentine, in ten- or fifteen-minim doses, in the cases complicated by hæmorrhage from the bladder. In Cases 3 and 4 it acted at once, although both gallic acid and the muriated tincture of iron had been employed without benefit; and I think the drug deserves a more general recognition by the profession.

Savile-row, February, 1863.

OBSERVATIONS
ON THE
EMPLOYMENT IN THE ARTS OF SCHEELE'S GREEN OR ARSENITE OF COPPER,
AND OTHER METALLIC PIGMENTS.

BY ARTHUR HILL HASSALL, M.D.,
SENIOR PHYSICIAN TO THE ROYAL FREE HOSPITAL.

THE beautiful green pigment, Arsenite of Copper, is extensively employed in the arts.

It is much used to colour *paper-hangings*, as well as various other descriptions of ornamental paper, as *writing* and *wrapping paper*, *envelopes*, and *cards*.

Various ornaments connected with ladies' bonnets and head-dresses, especially the *leaves*, have recently been extensively coloured with this substance; as also muslins, scarfs, and other fabrics.

A green *paint* is made with it.

It is employed to colour *candles*, and also many articles of *sugar confectionery*.

A few remarks upon each of these uses may be made.

Its employment in the coloration of *paper-hangings* is highly objectionable.

The colouring matter is usually readily detached from the surface of the paper, which is generally but little sized, since anything like varnish injures the delicacy of the appearance of this arsenical paper. This separation occurs to a great extent whenever the walls of the room are cleaned and rubbed, as they are in most houses at stated periods. The evidence of this detachment is often found in the dust accumulated on the tops of shelves, bookcases, and other articles of furniture, and which on analysis will frequently be ascertained to be composed in part of the poisonous pigment in question.

The particles of the poison thus detached are diffused through the atmosphere of the room, and become inhaled by its occupants. Inhaled, it acts as an irritant to the throat and lungs, and after a time is absorbed into the system.

There is the further danger, in the case of arsenical paper-hangings, of the paper becoming detached in places, and of being licked or chewed by children, as has frequently happened.

The same danger constitutes the chief objection to the use of this substance in the colouring of *writing* and *wrapping paper*, *envelopes*, and *cards*. When such paper is used to wrap up cocoa, bonbons, and other sugar confectionery, the danger is considerable.

The danger of the use of arsenite of copper in the coloration of *leaves*, *muslins*, and other articles of dress or personal ornament, is twofold: the one danger affects the workpeople by whom the articles are manufactured, the other the wearers.

The injury to health in the case of the makers of artificial flowers and leaves, who consist chiefly of girls and young women, is often very great. The green powder flies about the workroom in large quantities, and is inhaled; it also settles on the exposed parts of the person, as on the head, face, neck, and hands; the hands become stained of a green colour, which no washing will remove. At length, ugly-looking sores appear on various parts of the body, including all the exposed parts; there is a constant soreness of and running from the eyes and nose; the chest and throat are sore; there is cough; and at last diarrhœa sets in. Frequently the workpeople become so ill that they are obliged to desist from their work from time to time. In some instances fatal results have been known to ensue, as in that of Matilda Schewrer; while in others, this irritating poison has led to the development of other diseases, as phthisis, which have had a fatal termination.

It is estimated that in London alone several hundred persons are engaged in the manufacture of these arsenical leaves. Many cases of severe illness arising from this cause, both in men and women, have come before me at the Royal Free Hospital, the particulars of some of which will be found recorded in THE LANCET of December 1st, 1860. The condition of the majority of the sufferers was extremely wretched.

The second danger affects the wearers. The arsenic on the

artificial leaves worn on bonnets and head-dresses of course readily becomes detached, and is peculiarly favourably placed for falling upon the face and neck, as well as for inhalation.

When *muslin*, and especially *ball-room dresses*, are coloured with this pigment, it adheres but very slightly to the fabric itself, so that in the whirl and maze of the dance it becomes detached in considerable amount, and thus what should be a pleasant pastime and a healthy recreation, becomes converted into what has been recently not inaptly styled "the dance of death." I apprehend, however, that the danger of arsenical poisoning is not nearly so great to the wearers as to the makers of these arsenical ornaments and dresses.

I am as yet unacquainted with the effects of arsenical *paint* on health. In this case, also, the dangers, if any, would be to the workmen principally. It is well known that paper-stainers using Scheele's green suffer in the same way as the leaf-makers, being afflicted with sores and excoriations, running from the eyes and nose, and from other disagreeable and injurious consequences.

The practice of colouring *tapers* and *candles* with arsenite of copper is highly pernicious, for in this case, during combustion, the arsenic becomes set free, and is diffused through the atmosphere of the room in the form of arsenious acid.

There is one use of this pigment which is more objectionable and more injurious than that just alluded to, and that is in the coloration of *sugar confectionery*. Here the pigment is eaten; the poison is directly introduced into the system, and for the most part into the tender and susceptible stomachs of young children, there to work its poisonous effects. A few years since bushels of sugar confectionery, coloured with arsenite of copper, might have been purchased in London in the course of a single day; but owing to the revelations of THE LANCET, which have been continued through a series of years, this adulteration, though not entirely stopped, has been very considerably checked.

Arsenic is used in the arts in other forms besides arsenite of copper, as in those of *arsenite of potash*, and *arsenious acid* in *fly papers* and *cosmetics*, and for poisoning *wheat*. These uses are likewise by no means unattended with danger.

I now pass on to make a few observations on another green pigment much used in the arts—namely, *Brunswick green*, of which there are three varieties, and which consists of a mixture of chromate of lead and Prussian blue or ferrocyanide of iron. It is used for the same purposes as the arsenite.

Observations are yet wanting as to the effects of this colouring matter upon health. It is therefore very desirable that attention should in future be directed to this point.

Papers, and particularly *flock papers*, are very frequently dyed with this green. It was also at one time extensively employed to colour sugar confectionery, and is even now sometimes used for that purpose. Of the impropriety, and even danger, of this use of the pigment not a doubt can be entertained.

Another metallic pigment much used, and for all the purposes already enumerated, is *chromate of lead*, of which one variety is called orange and another lemon chrome. This substance is extensively employed to colour sugar confectionery, so much so that even now it would not be difficult to purchase in the course of a single day as many as fifty articles coloured with this lead pigment. It occurs also frequently in snuffs.

A second preparation of lead frequently met with is the *red oxide of lead*. This I have found repeatedly in *snuff*, *cayenne*, *curry powder*, and in *sugar confectionery*.

Various other colouring matters, in addition to the preceding, are used in the arts, and are even sometimes added to certain articles of consumption. Thus *blue stone*, or *sulphate of copper*, is constantly added, for the purpose of greening them, to bottled fruits and vegetables, and also to those preserved in tin cases. In the case of pickles the same object is attained by boiling the vinegar in copper vessels, whereby *verdigris*, or an *acetate of copper*, is formed.

Without multiplying illustrations, it is obvious from what has already been stated that much injury to health must necessarily in many cases result from the indiscriminate use of poisonous metallic colouring matters. I submit, therefore, that the case is one which demands, in the interests of the public health, a full and searching inquiry. The object of such an investigation should be threefold—first, to determine the nature and full extent of the evil; second, to suggest palliative and preventive measures; and third, to form a basis for moderate and well-considered legislation, which, while on the one hand it should guard the health of the people, on the other should not interfere unnecessarily with manufacturing processes.

Wimpole-street, Cavendish-square, 1863.

ON A CASE OF HYDATIDIFORM OVUM.

BY J. MOORHEAD, M.A., M.D., Weymouth.

As the opinion of the profession at large with regard to the nature and pathology of so-called uterine hydatids is still unsettled, the following contribution may be deemed worthy of publication. It will serve to illustrate the symptomatology of this morbid development, as well as to corroborate novel views recently put forth on this interesting subject.

On the 24th September, 1862, I was requested to visit Mrs. G——, a respectable married female, aged fifty, who was suffering from great irritability of stomach. Though naturally of a stout habit, she was somewhat emaciated, and appeared anæmic. On inquiry, it was ascertained that about the beginning of August her appetite, which had been previously good, became impaired, and in a short time nausea and vomiting supervened, almost every article of food being rejected soon after being swallowed. These symptoms, accompanied by a great sense of oppression at the præcordia, were present almost throughout the entire day. The sickness persisting, she states that on the 12th September she took for its relief a wineglassful of the infusion of ground-ivy (Glechoma hederacea), which she had heard from some of her female friends was a valuable remedy in such cases. On the same day she consulted a physician, who prescribed a mixture containing chiefly chlorodyne. On the morning of the 13th she took another draught of ground-ivy, and in the course of the day two doses of the mixture, each of which, however, was almost instantly rejected. Towards evening she received a shock by a sudden knock at her door, and shortly after a sanguineous vaginal discharge took place, followed by a small clot. During the interval that elapsed until she consulted me on the 24th, she states that the bloody discharge occasionally recurred, accompanied by some watery fluid, which came away in gushes with sneezing, coughing, or retching. The gastric symptoms also persisted with much severity, and she began to suffer in her general health. She informed me that she had had four children at full term and three miscarriages, and that she had not been pregnant for the last twenty years, during which period, however, she had regularly menstruated every four weeks until the 25th July, after which date nothing appeared until the time of the hæmorrhage above referred to.

When I first saw the patient, her tongue was thinly coated with a moist white fur; there was pain of stomach, though not considerable, attended with a sense of oppression, also slight tenderness of epigastrium on deep pressure; vomiting occurred almost after every meal. As the gushes of water which occasionally took place were supposed by the patient to come from the bladder, and the irregularities of the catamenia might be attributed to her advanced age, I then regarded the case as one of dyspepsia, and accordingly prescribed alkalies with sedatives, consisting of dilute hydrocyanic acid, chloric ether, chlorodyne, oxalate of cerium, *et hoc genus omne*. Though each of these remedies afforded temporary relief, the sickness soon returned with its pristine severity, and consequently, on October 1st, a full examination of the abdomen was instituted. There was still slight pain on pressure over epigastrium; but the most notable feature was a hard globular tumour, about the size of a child's head, occupying the hypogastrium, and extending as high as the umbilicus. This tumour, from its situation and relations, was evidently uterine, and to my mind at once accounted for the constant sickness, which was clearly sympathetic. As there had been slight hæmorrhage during the few days previous, the idea of polypus or fibrous tumour of uterus suggested itself, pregnancy having been left out of consideration, as the patient had not borne any children for twenty years. An internal examination was proposed, but she would not then submit to it, and begged me to try the effect of medicine a little longer. Accordingly, sinapisms were applied to the epigastrium, and sedative drugs again resorted to for some days; but as the vomiting still continued, and debility increased, she at length consented to an examination per vaginam, which was made on the 8th October.

The cervix uteri was found to project into the vagina; the os was patulous, so as easily to admit the finger; and when this was pushed into the uterine cavity, the latter was found filled with a substance which was soft and placenta like to the feel. As the finger, on being withdrawn, was covered with blood, the patient was directed to use the tepid-water douche and to keep in the recumbent posture. A few hours afterwards,

however, strong uterine pains set in, which soon expelled, with slight hæmorrhage, a vesicular mass nearly half filling a wash-hand-basin. I was immediately sent for, but on my arrival found the mass in question so broken up by the attendants while removing it to the basin, that to recognise its constituent parts was almost impossible. I discovered, however, on careful examination, some portions enveloped by the decidua, which was covered in two places with a thin lamina of coagulum; but the distinction of chorion and amnion could not be recognised, their places being occupied by a stringy vesicular substance nearly three inches in thickness. What appeared to have been a small cavity was discovered, but there was not a trace of embryo. The vesicular bodies were generally about the size of currants, though a few were larger. It is almost needless to state that the sickness and all other distressing symptoms at once disappeared, and the patient made a rapid recovery.

Remarks.—The foregoing case, while it bears a striking resemblance to one recently reported by Dr. Graily Hewitt in THE LANCET, affords corroborative testimony to the correctness of the views advanced by that distinguished obstetrist in the first volume of the "Obstetrical Transactions." Several of the so-called hydatids, when examined under the microscope, exhibited numerous nucleated cells similar to those presented by the chorion villi, thereby inducing the inference that the cyst-like bodies were merely hypertrophied and œdematous portions of natural structures.

With respect to the mode of origin of this vesicular degeneration of chorion there is considerable diversity of opinion. Some think the transformation the result of perverted developmental force, and that it ultimately leads to the death of the embryo; whilst others, and especially Dr. Graily Hewitt, believe the latter event to be the first link in the chain of pathological sequence. Without entering at length into the controversy, I may observe that the circumstances of this case favour the opinion of Dr. Hewitt, and, when regarded in the light of his published observations on the subject, admit of easy explanation. As menstruation ceased on July 25th, and nausea began early in August, it may be assumed that conception took place shortly after the former date, and that fœtal development went on normally until September 13th, when contraction of the uterus—induced either by the ground-ivy or the sudden shock—partially separated the ovum from its walls and gave rise to the hæmorrhage. This separation, though it destroyed the life of the embryo, was not, however, sufficient to produce abortion, and consequently the chorionic processes still embedded in the decidua continued to grow whilst they degenarated into the cyst-like bodies afterwards expelled. As the embryo at its death could have been only about seven weeks old, and therefore probably about the size of a small bee, it is not surprising that no traces of its existence were discovered more than three weeks subsequently.

The rapid enlargement of the uterus characteristic of so-called hydatid growth was well displayed in this case, as the organ had attained to the dimensions usual at the sixth month of gestation, though its contents could not have begun their development earlier than ten or eleven weeks previously. The entire absence of suspicion of pregnancy on the part of the patient, coupled with her advanced age, at first rendered the case obscure, but its termination satisfactorily removed all the difficulties previously surrounding it.

Weymouth, 1863.

THE MEDICAL DEPARTMENT OF THE ITALIAN ARMY, which in 1858 numbered 155 surgeons, is now increased to 755. This is an incident which ought to afford matter of grave reflection to the authorities in this country. Whilst they are underrating the value of the non-combatant military officers, the Italians are exercising a wise discretion by improving their position. The recent lessons that the campaigns in China and India ought to have taught us appear to have been lost upon the medical director of the army. It is in the power of the junior members of our profession to remedy a crying evil. Any gentleman who contemplates joining the army medical staff of this country should reflect seriously on the position he is to occupy, and the emoluments which he has to receive. We regret that neither of these is of such a character as we could recommend to the favourable notice of our junior brethren. Supply and demand, in a commercial sense, are said to "rule" the market. Why should it not be so when the interest of a large professional body is concerned? Only let the "supply" be below the "demand," and the authorities will be placed in a position of difficulty. That righteous claim which is not yielded on principles of justice will be granted to the inexorable logic of necessity.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Prooemium.

ST. BARTHOLOMEW'S HOSPITAL.

THE RODENT ULCER OF JACOB, AFFECTING THE RIGHT AURICLE OF A BOY, AFTER A WOUND WITH A BARBER'S SCISSORS; REMOVAL OF THE PART.

(Under the care of Mr. WORMALD.)

TAKING the immense experience afforded by the large hospitals as our guide, we should say that some of the more serious diseases are rarely to be seen in the external ear; and yet writers on diseases of the ear state that the auricle is subject to a variety of maladies. We have noticed from time to time instances of tumours, but rarely examples of malignant disease, although we recollect seeing an instance at the Cancer Hospital, a few years back, under Mr. Weeden Cooke's care, wherein the auricle was extensively affected with carcinoma. On referring to the practical manual on the "Ear in Health and Disease," we find its author states that carcinomatous and lupoid affections of the auricle are occasionally met with, generally in the form of ulceration. The former goes on to the destruction of the entire organ, and ultimately of life; of the latter he had not met with any instance. The lupoid disease, then, or "rodent ulcer," as it is now recognised, must be extremely rare in this part of the body. We have the opportunity of recording a case in the above hospital, under the care of Mr. Wormald. Curiously enough, another instance of it occurred to one of the surgeons of the same hospital, in private practice, in 1858—namely, to Mr. Paget. The patient was a gentleman, aged fifty five, who had been the subject of rodent ulcer on the ear for seven years, and it was only stayed by removal of the part.

An objection might be taken to the character of the disease in Mr. Wormald's patient because of his age (sixteen years), as no example that we know of has been recorded wherein the disease had appeared in youths of either sex; still it had all the physical characters so far as naked-eye appearances went.

The history which Mr. Wormald gave was, that two years and a half ago the lad (William M——) had his hair cut by a barber, who accidentally snipped the back of his right ear. Inflammation followed, with enlargement, ulceration, and excavation of the back part of the auricle, which had resisted every mode adopted to bring about the healing process. He was admitted into Darker ward on January 20th. Looking at the ear in front, several puckers and irregularities were noticed in the anti helix, and also at the upper margin of the helix itself. On turning the patient round, so that the back of the ear could be seen, a large excavation was observed that would admit a split walnut, which seemed to be bounded on one side by the skin, and on the other by the cartilage of the ear; the margins of this cavity had the peculiar look of the rodent ulcer, and the cavity itself was ulcerated.

Chloroform was given on the 31st of January, when all the affected part was cut away, excepting the superior and anterior borders of the auricle and the lobulus and anti-tragus, which were subsequently brought into contact very neatly by silver sutures, thus giving to the patient an ear about a third the size of the natural one.

The healing process now went on most favourably, for in a fortnight union was complete; and, with the exception of a very small surface to cicatrize over, the boy may be said to be convalescent.

There were no enlarged glands in the neck or elsewhere before the operation, which dispels the idea at one time entertained that the disease might have been epithelioma.

Whilst on the subject, we may observe that this disease was first described by Dr. Jacob, of Dublin, in 1827, in the fourth

volume of the "Dublin Hospital Reports," by the name of "an ulcer of a peculiar character, which attacks the eyelids and other parts of the face;" and although it has received the name of rodent ulcer from Lebert, one retained by Mr. Paget and Mr. Hutchinson, and now pretty generally recognised, we think it would be an act of justice to call it for the future the "rodent ulcer of Jacob," after the gentleman who first carefully and accurately described it.

LONDON HOSPITAL.

RODENT ULCER OF JACOB AFFECTING THE TEMPLE AND LOWER EYELID; REMOVAL BY PLASTIC OPERATION.

(Under the care of Mr. CURLING.)

AT the time of the operation for the removal of the disease in this instance, Mr. Curling remarked that the profession were indebted to Mr. Hutchinson for having first drawn the distinction between rodent ulcer and epithelial cancer. The latter affects the lip, and the former the eye and face; the latter involves the glands, whilst the former does not, and when wholly removed does not return.

James G——, aged fifty, was admitted April 16th, 1862. The patient, a healthy, robust countryman, states that about seven years ago he had a place like the ringworm on his right temple, which he thinks resulted from a blow from a bullock's horn. It broke out soon after, and has slowly increased ever since, accompanied by frequent slight bleeding. About a year ago the disease reached his eye, when he applied for relief at the Brighton Infirmary, where they tried to burn the disease out, but without success.

On admission he had an ulcer extending from the outer canthus of the right eye about an inch and a half backwards, and about an inch broad. The outer third of the lower lid was also diseased. The patient was ordered full diet. Wet lint to be applied to the ulcer.

On April 25th, the patient being under chloroform, Mr. Curling performed a plastic operation for the cure of the ulcer. After carefully removing the disease, which extended to the bone, together with about a third of the lower eyelid, he dissected off a piece of healthy integument, of the required size, leaving it attached by a base (in which a branch of the temporal artery was found to run) nearly an inch broad, from the temple above the diseased part. This he brought down, and united by fine wire sutures to the edges of the skin around the seat of the removed disease. Several vessels in the flap and also in the wound required ligatures. The patient was ordered milk and beef-tea, with a pint of extra porter.

April 29th.—The whole of the upper edges were found united, and parts of the lower, although the tension of the skin prevented union along the entire lower edge. Granulations had formed on the denuded part of the forehead. No pain was experienced, only stiffness of the face. Ordered a chop and two pints of porter.

May 2nd.—Going on well. Ordered full diet.

10th.—The wound along the margins of the flap entirely healed.

14th.—Lotion of nitrate of silver (one grain to an ounce of water) ordered to the wound on the temple and forehead, which is cicatrizing rapidly.

23rd.—There is only a small spot on the forehead not cicatrized over.

27th.—Discharged cured. Disfigurement very slight; the lower eyelid looks quite its natural shape and size.

UNIVERSITY COLLEGE HOSPITAL.

NECROSIS OF THE TIBIA AFTER FRACTURE; AMPUTATION; SENILE GANGRENE OF STUMP AND PARALYSIS; SLOUGHING OF ANTERIOR FLAP; RECOVERY.

(Under the care of Mr. ERICHSEN.)

THE following case, the notes of which were kindly furnished by Mr. John Hackney, dresser of the patient, is of such extreme interest that we prefer to give it without any abbreviation. The points of special interest are—the necrosis after a bad compound fracture, requiring amputation; the difficulty in tying the main vessels from atheromatous disease; and the occurrence of a fit and paralysis, immediately followed by senile gangrene of the stump and sloughing of the anterior flap. Notwithstanding these, a truly excellent recovery has ensued:—

Wm. C——, aged sixty, a carter, was admitted on Oct. 7th, 1862. The patient states that twenty months ago, while working at Gravesend, a cart, containing a ton of coals, ran over his left leg, and caused a compound fracture of the tibia, with protrusion of the fragments. He was under treatment for five months at Gravesend. He states that the wound through which the bone protruded never healed, and abscesses began to form in the leg about six months afterwards. On admission into the hospital, there were extensive sinuses on the anterior part of the leg, leading down to necrosed and loosened bone.

Oct. 15th.—The patient, being put under the influence of chloroform, Mr. Erichsen removed, by means of the bone forceps and cutting pliers, several sequestra from the tibia. Lint was introduced into the cavity, and light dressings applied.

24th.—He has been going on well since the operation, and the wound granulating healthily up to-day, when he had a distinct rigor lasting for some minutes. Ordered, quinine mixture every four hours, milk, beef-tea, and six ounces of brandy.

27th.—The man has had a repetition of rigors; and at the visit this morning the limb was found to have an attack of erysipelas upon it. To have a mixture of carbonate and acetate of ammonia, chloric ether, and morphia, every four hours; the limb to have warm fomentations continuously applied; and the wound, which looks dry and flabby, to be poulticed. To take half an ounce of brandy every two hours.

Nov. 3rd.—The erysipelas has now all disappeared from the leg; but abscesses have formed in the calf of the leg, and on the dorsum of the foot and great toe; and the whole limb is getting into a very disorganized state. Free incisions have been made to let out pus, and poultices are continuously applied.

25th.—The whole of the foot is now in a very disorganized state, two or three large ulcers having formed on the dorsum, and which discharge a quantity of unhealthy pus, and disclose at their bottom large masses of slough. The metatarsal phalangeal articulation of the great toe is opened, and completely destroyed. The whole of the calf of the leg is undermined by the formation of abscesses. The wound over the tibia, from which the sequestra were removed, shows no disposition to heal, and the patient is evidently being worn out by the profuse suppuration; so, in order to save the patient's life, Mr. Erichsen resolved to remove the limb.

27th.—The patient being under chloroform, the leg was amputated in the upper third, by a short anterior and a long posterior flap. There was some difficulty in dissecting up the anterior flap, as it was very adherent to the tibia. Mr. Erichsen then proceeded to ligature the arteries in the usual way, but, owing to an atheromatous condition of their coats, the ligatures would not hold on some of them. On seizing the anterior tibial, a small patch of calcareous matter came away, and the brittle coat would not allow of a ligature being secured around it. It was ultimately effected by passing a double whipcord ligature underneath it by means of a nævus needle, and then tying the two ends upwards and downwards, including a pad of muscular tissue. A piece of wet lint was placed between the edges of the flaps, and the patient removed to bed. The flaps were brought together in the evening.

28th.—The patient passed a pretty comfortable night after taking an opiate. Took beef-tea and brandy at intervals. Stump looks quiet.

29th.—Patient rather feverish this morning; some fetid serum oozing from between the flaps. Sutures were removed to-day, and a large linseed-meal poultice applied over the face of the stump.

30th.—At about seven A.M. there was some secondary hæmorrhage (apparently a general oozing), which was arrested by the free application of perchloride of iron. The stump looks very flabby and inclined to slough, with a rather gangrenous odour of the anterior flap, which is the part chiefly affected. The bone also is nearly perforating the skin.

Dec. 1st.—Had a fit last night. This morning the patient is unable to articulate, and the tongue deviates towards the left side; the man is very low; pulse quick and feeble; tongue dry and brown. The stump is attacked with senile gangrene; there is a distinct line of demarcation, on the anterior flap, between the gangrenous and healthy tissues. To have a large charcoal poultice applied; half an ounce of brandy every two hours.

3rd.—Patient is better to-day; the symptoms of paralysis appear to be passing off. He can articulate better; tongue still deviates; stump still very sloughy, with a decided gangrenous odour. He perspires a good deal, the perspiration having a very disagreeable saccharine odour.

6th.—Anterior flap has sloughed away this morning at line of demarcation, leaving the bone exposed; posterior flap remains entire; stump still sloughy, though cleaner than before, and granulations are beginning to form. Patient much improved in health; all paralysis has disappeared; there has been some bagging of matter in the popliteal space, which required a counter-opening to be made to let it out, and afterwards a large mass of slough came away from tissues in that region.

12th.—To-day the ligature of anterior tibial, with several smaller ones, came away; stump looks healthier, discharges freely, and is granulating well; posterior flap is well brought up and supported by plaster and bandages; the stump is now dressed with red wash to stimulate it.

Jan. 27th.—From last note up to present time the patient has been improving rapidly; the stump is now almost covered over and healed, granulations having formed, which have covered over the exposed bone. The patient enjoys excellent health, has got up for the last fortnight, and will shortly be made an out-patient.

WEST LONDON HOSPITAL.

SERIOUS INJURIES TO THE ARM AND LEG OF AN AGED MAN, SHOWING THE GOOD RESULTS OF THE CONSERVATIVE AND SUPPORTING SYSTEM OF TREATMENT.

(Under the care of Mr. WILLIAM BIRD.)

THE injuries sustained in the following case were of such a nature that any attempt to save the limbs after two or three days seemed well nigh hopeless; and if the choice of the surgeon had been that of amputation, there can be no reasonable doubt that a fatal result would necessarily have followed, because of the age of the patient, and the extremely prostrate and feeble condition in which he lay; for we may say that although but sixty-seven, he had the appearance of a man of seventy-five. Under such circumstances it was deemed advisable to wait, and to support the system to the fullest extent. This ultimately ended favourably, notwithstanding the great amount of destruction of tissue by sloughing. The patient will be able to walk on his mended leg, but the arm will not prove a serviceable one.

The notes of the case were kindly furnished by Mr. Charles A. Atkins, house surgeon to the hospital.

John T——, aged sixty-seven, a market-gardener, while standing by his cart on Nov. 18th, 1862, was knocked down and run over by a van coming from behind. He was immediately brought to the West London Hospital.

On admission, it was found that he had sustained a compound fracture of the right tibia, with considerable shattering of that bone at one part; one wound about three inches long, and another between the tibia and fibula; also a comminuted fracture of the right humerus, with a wound near the elbow-joint, but not reaching the joint nor the fracture.

The leg and arm were both put in position in sand-bags, the amount of bruising in the arm and the great swelling caused by extravasated blood preventing the application of splints. The patient was greatly prostrated, and brandy and ether were found necessary to revive him.

A consultation was held on the next day (the 19th) as to the propriety of amputating the arm or leg; and it being considered, from the age of the patient, that his chances of recovery would be about equal whether amputation were performed or not, his limbs were left. Poultices were applied to the wounds, which had begun to slough. He was ordered beef-tea, with a pint and a half of beer; also brandy and diffusible stimulants.

Nov. 20th.—The patient has remained the same; pulse quick and weak; delirium present at night; sloughing of the integuments increasing in the arm, and to a less extent in the leg. Mr. Bird made several long incisions in the arm and forearm, and the limb was laid on a rectangular splint and kept in position. His brandy was regularly persevered with. Ordered a senna aperient draught.

24th.—The leg has remained much about the same; a great deal of pus has collected in the areolar tissue for some distance above and below the wound, and the skin has sloughed away to some extent. It was found necessary to take away the splint from the arm and envelop the limb in poultices, as the whole of the skin from near the shoulder to some distance below the elbow was removed by sloughing and suppuration, both on the upper and under surface of the arm. The patient was very low, and had an anxious countenance and a yellowish cast of skin. Pyæmia was feared; but at a consultation it was still decided that amputation would not improve his prospect of recovery, and it was advised to persevere with an increased amount of brandy and beef-tea; an occasional full dose of morphia was given when the delirium was more distressing than usual; sesquicarbonate of ammonia in effervescence was also ordered.

28th.—The patient has gradually improved in appearance, but still continues in a very low state. A bed-sore has formed over the sacrum, although he has been on a water-bed from the beginning. A solution of nitrate of silver was applied to the wound in the leg, which was getting more healthy; and he was ordered port wine in addition to his brandy. The sloughing still slowly extending in the arm, a weak solution of chlorine was mixed with the poultices.

Dec. 8th.—The patient is no worse; the wounds in the leg are granulating, the ends of the bone being in good apposition, and some amount of union having taken place. The broken humerus is ununited, the ends of the fracture riding over each other, it being impossible to make anything like extension on account of the state of the soft parts. A solution of sulphate of copper was applied every day to the leg.

14th.—The patient is improving in his general health, taking his meals with more appetite; but he is still somewhat restless and delirious at night. The slough on the arm has separated, leaving a granulating surface. A solution of sulphate of zinc was applied. The brandy was still ordered, but the port wine omitted.

From this time he gradually improved until the middle of January. His leg had granulated nearly to the extent of closing the wounds, and firm union had taken place; union had also resulted in the arm, although the bones were greatly out of position, one fragment overlapping the other; but the raw surface was considerably reduced in size. A large slough formed on his heel at this time, which was touched with nitric acid and poulticed.

Feb. 4th.—The patient is getting on very well, and sleeps fairly at night; the leg is nearly well, excepting the heel; and the bed-sore is almost entirely healed up. The arm has still some new skin to form, but is quite firm, although the lower fragment overlaps the upper, and the point can be felt very near the skin, which may perhaps render it advisable at some future time to remove the projecting portion with a saw. The patient is able to sit up in bed a little, and is convalescent. The brandy (of which he has taken over three gallons) is still continued, as his pulse is weak.

The age of the patient and the extensive injuries he sustained render the foregoing a very satisfactory illustration of conservative surgery followed by recovery.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 10TH, 1863.

DR. BARNGTON, PRESIDENT.

REPORT UPON SYPHILIS, IN ITS MANIFESTATIONS AS A CONSTITUTIONAL DISEASE.

BY JEFFERY A. MARSTON, M.D.,
ROYAL ARTILLERY.

(*Communicated by* HENRY LEE, Esq., F.R.C.S.)

AFTER referring to a previous paper,* the writer gave a short *resumé* of prevailing doctrines. Upon the subject of one attack of true syphilis affording an immunity against a second, the writer made some remarks illustrative of its general truth, to which, however, there were a few rare exceptions. Under this category he gave a case, in which a soldier had been treated twice during eighteen months for indurated chancre.

The writer next briefly adverted to the comparatively modern reaction relative to the contagious character of secondary syphilis. He then passed to the subject of secondary sores upon the penis, commencing either by a recrudescence in the cicatrix of a former sore, or upon some part not previously diseased. These he described under three heads:—1st. Such secondary lesions may commence as a circumscribed patch of purple or

* Syphilis, with reference to the more mixed and unusual forms of the primary symptoms. Medico-Chirurgical Transactions, vol. xlv.

bluish redness, very slightly raised, from which the epithelium is shed, the surface becoming abraded, cracked, or covered with ill-formed and degenerating epithelial products. 2nd. This purplish-red spot, after becoming raised, takes on a chronic ulceration, similar to that of the scooped-out ulcers seen upon the tonsils. The first variety corresponds with, and often accompanies, a squamous or erythematous exanthem; the latter appears allied to the syphilitic tubercle, the ulceration of which plays so important a part in the evolution of syphilis in some subjects. The third variety appears as a persistence of the ulceration, or an unhealed condition of the chancre, which becomes transformed into a mucous tubercle, as described by Ricord. Of these he gave illustrative cases.

Upon syphilitic infection, contracted from some other source than contact with a virus obtained from a primary lesion, the following were cited as in all probability instances:—

1. A wife and two children. The former had syphilitic nodes and an ulcerating tubercle upon the lower extremity. Of the latter (who slept with her) one was an infant, in whom the disease was probably hereditary, though not congenital in its outward manifestations; the other was a girl of five years, with anæmia, non-ulcerated sore-throat, engorged post-cervical glands, cutaneous syphilida of trunk, with psoriasis palmaris. All had very restless nights. The husband lived separately, and was healthy.

2. The subject of disease was a military servant, a married man, who suffered from secondary and tertiary symptoms after intercourse with a woman known to be constitutionally syphilitic. Attempts to trace any primary lesion in this man failed.

3. The infection of a female by labial contact with diseased secretions from secondary lesions upon the lips of a male. The disease so produced in the female commenced as an irritable and indolent fissure upon the mucous membrane of the lower lip.

The writer next adverted to the evolution and succession of syphilitic symptoms as ordinarily witnessed among soldiers.

Under the cutaneous affections, he particularly remarked upon the mixed character of these; the majority of cases partaking of more than one affection at the same time, and upon the same or different parts of the body. Although great modifications in the future health and efficiency of the soldier were, doubtless, the result of syphilitic infection, yet cases of the more severe and intractable forms of constitutional disease were not very common.

With the view to prognosis, the writer said it was important to inquire, What relation, if any, has the severity of the primaries to those of the later symptoms? From a consideration of his own observations, he inferred that the following were as approximate expressions to the truth as the facts warranted:—

1st. That the greater the induration, and the longer the period during which primaries remain unhealed, the more certain will it be that the constitutional infection will be severe.

2nd. That the amount of ulceration &c. of the primary sore stands in some relation to the worse and more intractable forms of secondary lesions—e. g., the pustular, erythematous, and rupitic eruptions,—the unhealthy ulcerations, nodes, and gummatous tumours.

The writer then passed to those cases in which there was an irregular evolution and succession of the stages and symptoms of syphilitic disease. Assuming that, when an indurated sore has been recognised, some specific treatment has been employed, and that soldiers are exposed to changes of climate, &c., we might infer, what is actually the case, that the constitutional symptoms would be irregular in their appearance and varied in their kind. As illustrative of his remarks, the author cited:—

1. A case of Hunterian chancre unhealed at the end of three months, when syphilitic rheumatism and a node upon the left parietal bone appeared.

2. A case in which, three years after a sore upon the external integument of the penis, a soldier suffered from two attacks of jaundice, anæmia, nodes upon the tibiæ, synovitis of left knee-joint, and rheumatism, without any history of secondary symptoms having been traced.

3. A case of repeated epileptic attacks, with violent pain in the head (upon which a node appeared), cured by specific treatment. The subject of the disease had suffered from repeated attacks of venereal disease, but not from any primary disease for two years and a half previously.

4. A case of chronic dyspepsia, slight icterus, pseudo-epilepsy, and paralysis of the third nerve. History of syphilitic attack two years before. Treated then by mercury. No history of secondary symptoms elicited by close questioning.

5. A case of osteocopic pains, paralysis of seventh nerve, followed by lichen and iritis, in a man undischarged from hospital for primary disease.

6. One of secondary syphilis, in which symptoms of intracranial inflammation appeared, followed by marked alteration of manner, loss of memory, dirty habits, &c.

7. Case in which there were—first, symptoms indicative of venous lymphatic absorption of pus, or some of the diseased products of secondary lesions; second, ocular disease, paralysis of third nerve, and other symptoms indicative of intracranial mischief.

The writer adduced also other cases, and made some remarks upon the character and nature of these nerve lesions.

As illustrative of the long interval which sometimes ensues between an attack of primary and secondary symptoms, he adduced the following:—

8. Lepra psoriasis and syphilitic cachexia in a man who had not suffered from primary disease for nearly five years; he had been married for three, and his offspring were healthy.

9. Syphilitic cachexia, &c., in an infant, who died of the disease; the father not having had primary symptoms for four years, and having been subsequently the parent of one healthy child.

The author then spoke of the occasional latency of the syphilitic element, until some other disease or impairment of health appeared, which seemed to act as an exciting cause to its manifestation. He also remarked upon the modifications of diseases, or convalescence from them, that are sometimes, apparently, the result of a prior syphilitic infection. In support of the foregoing he gave some cases.

The paper concluded by stating the experience of the author to show that the effect of the Mediterranean climate upon the syphilitic diathesis was very inimical during the summer months.

Mr. SOLLY said that it appeared to him, after the reading of the paper, that the anti-mercurial treatment of syphilis was now bearing its fruits in the remarkably frequent occurrence of secondary symptoms. When he was a pupil at St. Thomas's it was thought a disgrace to a surgeon that his patient should suffer from secondary symptoms. That was the period when mercury was mainly relied on in the treatment of the primary affection. Then the army surgeons said there was no necessity for the use of mercury, and the disease was treated without. He (Mr. Solly) might be wrong in attributing the present prevalence of secondary disease to the abandonment of mercury; but with respect to the facts there could be no doubt.

Mr. HOLMES COOTE said that there was difficulty in replying to an essay which embraced so many points as the paper which had just been read. He begged, however, to record his protest against the prevailing practice of including so very many diseases, without further and more stringent proof, in the category of constitutional syphilis. He had never met with cases of syphilitic pericarditis or peritonitis, nor did he understand syphilitic inflammation of the lungs. That persons who had suffered from syphilis might be the subjects of such affections there was no doubt, but he saw no relation between the two. Respecting the treatment of primary syphilitic sores, he entertained no doubt, in the first place, that mercury was unnecessary in by far the greater number of cases; in the second place, that when administered, even in the best selected cases, that mineral afforded no security against the occurrence of secondary symptoms. He thought that the use of mercury was to enable the surgeon to expedite the healing of an indurated chancre. It mattered not at all whether it were administered by the mouth, or, as in the fashion of the past times, by inunction. The occurrence of secondary symptoms, or rather, he should say, of constitutional symptoms, (for secondary and tertiary symptoms by no means invariably preserved their numerical relations,) was greatly influenced by the habit and position of the patient. The immunity of the convicts from such disease at Gibraltar was only an instance of what temperance and healthy avocations would effect. Among the people of the Levant, who are certainly abstemious, syphilis in any form is uncommon. He had taken some pains to ascertain at St. Bartholomew's Hospital the relative frequency of constitutional syphilis among those who had and those who had not taken mercury for the treatment of the primary sore, and he should say that, *cæteris paribus*, the returns were equal.

Mr. SPENCER WELLS defended his old associates in the Navy, and their brethren in the Medical Department of the Army, from the charge implied in the remarks made by Mr. Solly. It would be most unjust if a statement were to go forth from that Society without contradiction, that the prevalence of secondary syphilitic disease in the public service was the fruit of the disuse of mercury by army and navy surgeons in the treatment of the primary sores. There was no foundation for any such charge. It was to the army and navy surgeons that we were

indebted for much of the knowledge we possess of the pathology and treatment of syphilis. Soldiers and sailors were under the observation of their surgeons for many years, and the rules of the service required that records of all cases of illness must be preserved; so that army and navy surgeons had far better opportunities of observing the final result of their treatment than could often be found in private practice or in civil hospitals. Thus, as syphilis was so very common a disease in the services, a greater number of facts had been collected to determine the true influence of mercury upon syphilis than could be obtained with regard to any other medical question, with the exception perhaps of vaccination. These facts, carefully observed and accurately recorded, and numbered by many thousands, proved not only that mercury was unnecessary for healing primary sores, but that it actually retarded the cure of the common or non-indurated sore, although it hastened the healing of the indurated sore, or true Hunterian chancre. And they proved, not only that mercury was no preservative from secondary symptoms, but that the frequency and severity of the secondary symptoms were increased in direct proportion to the quantity of mercury used, and that many of the more formidable varieties of tertiary disease were caused, not by syphilis, but by mercury. The true use of mercury in small quantities in the treatment of the primary indurated sore, and in some forms of secondary disease, was well understood in the army and navy,—its failure in preserving from secondary symptoms was better known than it was in civil practice; and it would be most unjust to blame gentlemen because they had ceased to follow a mode of treatment which ample experience had proved to be not only useless but injurious.

Mr. WYATT did not understand that Mr. Solly cast any reflections on army surgeons, but merely stated the fact, that when primary sores were not treated with mercury, secondary disease was more common. He (Mr. Wyatt) differed from Mr. Coote in respect to the influence of syphilis on pulmonary disease; he had seen it modified by syphilis on many occasions. This influence he had observed in several other diseases.

Dr. O'CONNOR said it was a delusion to suppose that a blood disease like syphilis was purely surgical, and he had no hesitation in stating that nearly all the mischief resulting to patients who were the subjects of primary syphilis was owing to their being supposed to be cases requiring only surgical interference. This would account for the errors in treatment which Mr. Coote seemed to labour under. Notwithstanding the large field for observation at St. Bartholomew's Hospital, he (Dr. O'Connor) had quite as extensive opportunities at the Royal Free Hospital, where he had seen a vast number of patients, the subjects of syphilitic diseases of the nervous centres and internal organs. Mr. Coote doubted the existence of such forms of constitutional syphilis, although they had been for years written on by many truthful authors, including Drs. Graves, Stokes, Todd, and Read. He had himself placed on record many interesting cases of paralysis and epilepsy depending on syphilitic origin. Dr. O'Connor related the particulars of cases of syphilitic disease of the liver, lungs, ovaries, and cases of syphilitic menorrhagia, which had come under his care, all of which he treated successfully with mercury. He was of opinion that there was no blood poison that so extensively influenced the true nature of disease at the present day as constitutional syphilis. That condition he believed to be due either to non-mercurial or imperfect mercurial treatment. He contended that what was good in the treatment of syphilis was mercury, and what was not good was not mercury; when to use and when to discontinue it was the great desideratum in the treatment of syphilis. The insoluble preparations of mercury he believed to be the most efficient, used externally by inunction, internally, or in the form of suppositories. Iodide of potassium he believed to be valueless as an anti-syphilitic remedy, but much benefit was derived from its use after a proper mercurial treatment, in promoting the elimination from the tissues of the insoluble preparations of mercury already partially acted on by the juices of the body. Besides, iodide of potassium was a prophylactic to tertiary symptoms. It was supposed by some that syphilis was not communicable from a wet nurse to her nursling without the presence of an eruption. He was of a contrary opinion; many cases had been under his care where the disease was communicated by the milk and saliva, and he related the particulars of one case, a patient at the Royal Free Hospital during the last year.

Mr. SOLLY had no wish to cast a slur on either navy or army surgeons. The matter before them was one of opinion, and was open to discussion.

Mr. COOTE did not dispute the statements made by the author; but he contended that we required more stringent evidence than he had given as to what was or was not syphilitic. The effects of mercury, as spoken of, were not sufficient tests. He was not prepared to admit the occurrence of the internal syphilitic diseases enumerated by the author.

Mr. HILTON regarded the paper as an able one; but there were so many complications in the treatment of the cases, and so much depended on change of climate and other causes, that it was difficult to deduce any direct opinion from the facts presented. What did Mr. Solly mean by the non-mercurial treatment now bearing its fruits? Did he refer to the general treatment of syphilis thirty years ago in the army by nitric acid? He thought that it had been proved by that practice, that there were fewer cases of secondary affection than when mercury was indiscriminately employed. He (Mr. Hilton) thought the great error in the treatment of the disease at the present time was the complication of remedies employed; so that it was really difficult to determine what symptoms were the results of the disease and of the remedies respectively. Mercury, properly administered, was the best treatment in syphilis; but when given internally, it must not be allowed to interfere with digestion, or it would do harm by setting up irritation—a very common effect when mercury was given in a routine way. He preferred the treatment by inunction. Small quantities of mercurial ointment, such as five or ten grains, rubbed in night and morning, were sufficient to produce the specific effect of the remedy, and cure the disease in almost every case. His (Mr. Hilton's) hospital experience of the disease differed from that mentioned by Mr. Coote. He found that most of the cases admitted presented complications, the result of improper treatment, the administration of mercury by the mouth, variety of remedies, and carelessness in regard to diet. When mercury was administered by the skin, it was not necessary that the same great care as to changes of temperature &c. should be observed. Complications arose from improper treatment, which served to confuse that which in reality was a simple disease.

Dr. WEBSTER said, although physicians were sometimes considered as no great authorities in reference to syphilis, he would nevertheless remark that this disease was occasionally assigned in asylum reports as a cause of mental alienation. Indeed, one of the cases described in the paper read formed a good illustration. Some observers believed such a sequence was by no means uncommon, especially among persons hereditarily predisposed. On that point he would appeal to Dr. Wood, then present, who, having had much experience in mania, was in a position to answer the inquiry. Respecting another question—namely, whether climate ever exercised any influence—he (Dr. Webster) did not wholly agree with the author; nor in the deduction implied, that hot summer weather aggravated syphilis and rendered it more common compared with a cold temperature. In support of an opposite opinion, Mr. Coote had just mentioned its rarity at Smyrna; while he (Dr. Webster) would assert, after lately visiting Spain and Portugal, notwithstanding the malady was rife in those countries, it did not appear either more severe or more general than throughout northern regions. For example, at St. Petersburg and Moscow syphilis prevailed quite as inveterately as the author had noticed in warm, moist Mediterranean climates. To Stockholm similar remarks applied, as likewise to other large towns in the north of Europe, where the disease seemed both as prevalent and marked in symptoms as elsewhere. Regarding this fact, a recent report presented to the Norwegian government might be quoted, which stated that in Christiana 3560 individuals—all being from the lower ranks—were admitted into the hospital appropriated for syphilitic patients during the last thirty years. But as the above number did not include persons analogously affected who belonged to other classes of society, nor those treated at their domiciles, that official statement proved the frequency of syphilis in that northern city, which contains only about 35,000 inhabitants. Thinking the circumstance might be interesting to British practitioners, Dr. Webster added that at the venereal hospital of Moscow the non-mercurial treatment was not in much favour with the medical officers, who chiefly relied upon mercury for effectually curing true chancre and its consequences.

Dr. WOOD said that during the time he was at Bethlehem, cases, he believed, were occasionally admitted which were stated to have been caused by syphilis; but he could not be quite positive on the matter. Since he had been physician to St. Luke's no case had been admitted in which alienation was attributed to syphilis. It was very rare indeed to find insanity produced by that disease. It might tend to the production of insanity, no doubt, by its exhaustive influence on the system, as did other exhaustive diseases; but it did not, he thought, act as a direct cause.

Mr. SOLLY regarded the most successful treatment of syphilis as that by inunction. He believed that the greater success of treatment at St. Thomas's over St. Bartholomew's was to be explained by the fact that in the former the mercury was administered by the skin, in the latter by the mouth. It was difficult to say what was the real amount of secondary symptoms in his hospital patients; but in his private practice it was certainly very small.

Mr. COOTE said that the inunction system was only the old fumigation plan revived. The results were equally good in whatever way mercury was administered, provided proper care and discrimination in its employment were exercised.

PATHOLOGICAL SOCIETY OF LONDON.

DR. COPLAND, PRESIDENT.

SAC OF SPINA BIFIDA REMOVED BY OPERATION.

MR. T. SMITH believed that this was the only specimen successfully removed by operation in this country, which was performed by Mr. Wilson, of Clay-cross. It was isolated from the spinal canal by a clamp. On the nineteenth day it was punctured. The clamp was screwed up close, the tumour was shaved off, and the edges touched with a heated wire. In reply to a question by Mr. Hulke, Mr. Smith stated that no examination of the evacuated fluid was made.

Mr. HULKE remarked that the spinal fluid contained sugar, as he had recently verified in his own practice.

Mr. HUTCHINSON questioned if the clamp was "a happy expedient," and believed it would be attended with death generally, although successful in this case. Most cases lived and did well if let alone.

Dr. HARLEY said that a French surgeon eight years ago made researches on the subject of sugar in the fluid of the spine, and found it was only during digestion, and suggested it as a means of diagnosis.

Dr. HEWITT said the size of the pedicle was a matter of great importance in the question of operating.

Mr. CURLING thought a good deal depended on the thickness of the integument. If the coverings are very thin, they are very apt to give way, and the operation might be adopted, as certain death must be expected in such cases from spontaneous giving way.

Mr. SPENCER WELLS exhibited

A THIGH AND LEG REMOVED BY AMPUTATION AT THE HIP-JOINT,

on account of a malignant tumour developed in the substance of the biceps muscle, and obliterating the femoral artery. The tumour was first observed by a young married woman last March. It increased rapidly, and was removed by Mr. Wells last June. It was distinctly capsulated, and was entirely removed. It proved, on examination by Mr. W. Adams, to be true encephaloid. Growth very soon recommenced in the same spot, and the foot and leg began to suffer from want of circulation. The foot and outer part of the leg had previously been anæsthetic, owing to the division of the sciatic nerve at the removal of the tumour. Two months ago the patient fell and fractured both tibia and fibula in the diseased limb. After this the tumour grew more rapidly, the general health began to suffer, and it was determined to remove the limb at the hip-joint. Mr. Wells performed the operation on the 29th of December. Very little blood was lost, and the patient had gone on remarkably well ever since. About half the wound had healed by first intention, and the remainder was granulating. The tumour was a well-marked example of encephaloid. Part of it surrounded the femoral vessels in the middle of the thigh, and about three inches of the artery were entirely obliterated, although this vein was pervious. The sciatic nerve terminated at the point where it had been divided in a bulbous enlargement. Some blood taken from veins in the immediate neighbourhood of the tumour contained cells, differing from blood-globules in their irregular size and outline, and closely resembling those observed in the juice of the tumour. Mr. Wells remarked that it was probable the extension of cancer from the surface to internal organs took place in this way by means of the blood.

Dr. OGLE had frequently seen cancer cells in venous coagula after death, never in blood during life.

Dr. HARE and Dr. WILLIAMS had seen masses of cancer in the veins, and thought that this was a generally acknowledged fact.

Mr. CÆSAR HAWKINS referred to similar preparations.

Mr. FERGUSSON thought this a very important question. There might be cancerous growths in the vessels; but he doubted if cancer cells were ever seen circulating in the blood of the living patient; that he believed had never been yet shown.

Mr. BASTIAN referred to a specimen of cancerous growth in the veins.

Dr. WILKS said that the distinction drawn by Mr. Fergusson was the important matter. There was no lack of specimens of disease in the vessels, but it was a question whether the cell circulated in the blood. He was inclined to believe that it must do so.

Mr. H. LEE referred to an experiment of Langenbeck, who injected fresh cancerous matter into the veins of a dog, with the result of exciting the disease.

Mr. SPENCER WELLS presented

TWO OVARIAN TUMOURS REMOVED BY OVARIOTOMY.

The first was removed on the 15th of December from a married woman forty-two years of age. There were very firm parietal adhesions, but the patient had thoroughly recovered and left the hospital three weeks after the operation. The tumour consisted of one very large cyst, and a group of smaller cysts about the size of a doubled fist. The second tumour was removed on the 23rd of December from a single lady fifty-three years of age, who was now convalescent. It had been surrounded by many pints of ascitic fluid, and consisted of a mass of the size of a large adult head, presenting all the characters of adenoma. Mr. Wells said that although ovarian tumours of this character presented many of the appearances of soft cancer, and resembled malignant tumours in the great rapidity of their growth, yet they offered the important practical difference, that they showed neither tendency to invade neighbouring parts nor to return.

RUPTURE OF THE HEART.

Dr. DICKINSON said that this occurred from direct violence. The apex of the heart was nearly torn off, opening both ventricles. It was taken from a girl five years old, who was knocked down by a cart, run over, and brought into the hospital dead. There was no mark of external violence.

Dr. GIBBON suggested the possibility of the injury not being direct, and related a case of injury to the legs only in which rupture was produced by mental emotion.

A conversation ensued on this point, in which several members took part.

Reviews and Notices of Books.

Observations on the Diseases of the Rectum. With Wood Engravings. By T. B. CURLING, F.R.S. Third Edition. London: Churchill.

IN this enlarged edition of Mr. Curling's practical and valuable work much has been "rewritten or altered." Eight new chapters are added, and many improvements in treatment are described. The subjects comprised in the new chapters are—Nervous Affections of the Rectum; the Villous Tumour; Epithelial Cancer of the Anus and Rectum; Organic Contractions of the Anus; Obstructions of the Rectum, and Operations required for their Relief; Congenital Imperfections of the Anus and Rectum, and Colotomy in Cases of Imperfection. These additions complete the work, which now supplies what was much wanted—namely, a full and practical guide to the recognition and treatment of diseases of the lower bowel.

The two earlier editions have acquired so wide a reputation that it is superfluous to describe the author's views upon those topics which are reproduced in this new edition. The diseases now described for the first time are of extreme importance, and we cannot doubt that our professional brethren will appreciate this enrichment of the book. The chapter on Cancer of the Rectum is especially valuable. The pathology of the various forms of malignant disease, as affecting this region, is clearly set forth. The palliative operation of colotomy is well appreciated. The author remarks that an early recognition of an epithelial cancer is very important, since it is a disease which may be effectually removed by operation. "When the surgeon

meets with a raised ulcer, with an uneven surface and indurated edges, causing, if it extend into the rectum, but little pain, and producing no contraction in the passage, we may suspect that the disease is an epithelial cancer, and treat it accordingly."

No other work contains an equally complete and perspicuous account of the congenital imperfections of the rectum. These imperfections are often the source of much perplexity and anxiety to the practitioner. Mr. Curling has rendered a most acceptable service to surgery by his successful labours in elucidating the nature and kinds of these malformations, and in pointing out the appropriate treatment. As a first step towards a useful practical insight into the subject, he points out the various kinds of malformation which may exist. These he classifies as follows:—

1. Imperforate anus without deficiency of the rectum.
2. Imperforate anus, the rectum being partially or wholly deficient.
3. Anus opening into a cul-de-sac, the rectum being wholly or partially deficient.
4. Imperforate anus in the male, the rectum being partially or wholly deficient, and communicating with the urethra or neck of the bladder.
5. Imperforate anus in the female, the rectum being partially deficient, and communicating with the vagina.
6. Imperforate anus, the rectum being partially deficient, and opening externally in an abnormal situation by a narrow outlet.
7. Narrowness of the anus.

In cases which do not admit of the establishment of a communication between the bowel and the normal seat of termination, the resort is colotomy. Mr. Curling has taken special pains to investigate the anatomical relations of the colon and other viscera in infants. After numerous dissections and considerable experience in operating, he has come to the conclusion that colotomy in the left groin is generally an easy operation. Although in opening the colon in the loin the abdominal cavity is not entered, the wound required is very deep and large. With regard to the future usefulness of the operation, Mr. Curling observes that the number of cases are too few to admit of satisfactory judgment. He remarks, that the fatality attending many of these operations is due, in a great measure, to the injuries inflicted in the attempts previously made to establish an opening in the anus. He relates several instances in which a considerable degree of comfort was enjoyed, notwithstanding the unnatural transposition of the anus to the groin. "In health," says Mr. Curling, "an artificial anus is productive of much less personal annoyance than is commonly supposed."

In conclusion, we have only to say that it would be difficult to produce a work upon this subject that more fully informs the mind, and more completely satisfies the practical requirements of the practitioner.

Life in Nature. By JAMES HINTON. pp. 258. London: Smith, Elder, and Co. 1862.

THE author informs us that these pages contain a popular exposition of some of the most interesting questions which living bodies suggest, and are designed to present in a brief compass and easily-intelligible form a general view of them. With all due deference to Mr. Hinton, we must confess that after perusal of his book we have failed to meet with this "easily-intelligible form," as applied generally. Upon one or two points we seem to have been able to seize the argument of the author; but, as a rule, we felt like Cassio after his cups, when he said, "I remember a mass of things, but nothing distinctly." Had the author stated his theses at once clearly and orderly, and have kept steadily to his arguments, eschewing all verbosity and philosophical reflections, we feel convinced his abilities would have been sufficient for his task. As it is, we are left rather bewildered than informed.

Mr. Hinton tells us that "our chief difficulty in comprehending Nature is her simplicity." Probably it is so, and it *may* also be the reason of our failing to appreciate Mr. Hinton himself. But critics are said to be conceited people, and we must certainly remain wise in our conceit, which is that we fail to comprehend Mr. Hinton rather from his complexity. This is to be regretted, because our author is evidently a man of original ideas of some value, and of a reflective cast of mind. He has no common intellect; but it wants mastering. It is possible that the sieve of criticism might, after shaking off the chaff, retain within it some grains of thought from "Life in Nature" calculated to modify the foundations of our future views upon vitality and the correlation of forces. We think so highly of Mr. Hinton as this. But before the latter can have any right to flatter himself that he has clothed his scientific ideas in "easily-intelligible forms" and in "brief compass," he must alter his style most thoroughly.

The Social Science Review. Vol. I. 1862.

WHEN this weekly journal appeared for the first time eight months ago, we had our doubts whether many weeks would pass away before the undertaking would be abandoned. We confess that we were suspicious as to a circle of subscribers being found large enough to render the *Review* a remunerative commercial speculation. A periodical which by its own admission could not lean decidedly to any political party, nor enter upon any theological question—which very often must have dull subjects for analytical exposition, and was debarred from all light and trifling things—which was the partisan of no particular class, profession, or calling, and which was forestalled by its daily contemporaries in its mere news,—could not be ignorant of the chances it ran of an early failure. But, upheld by a sense of the deep importance of recording the history of social progress, and of the necessity for cheering more faint-hearted labourers in humanitarian fields, these new workers had stripped themselves for the harvest, determined to bear the burden and heat of the day. They have done so now very successfully for more than half a year, and have found themselves rewarded by a support not previously given to any journal similar in kind to their own. During the past six months the *Social Science Review* has touched upon very many questions most interesting to the medical profession. As regards the latter itself, too, we may say that we have been struck upon several occasions by the sensible, open, and manly way in which our contemporary has arbitrated between ourselves and a too-often over-hasty and unreasonable public. The *Social Science Review* has our very best wishes for its future success, and we cordially recommend it to the support of the profession.

The Popular Science Review: a Quarterly Miscellany of Entertaining and Instructive Articles on Scientific Subjects. Edited by JAMES SAMUELSON. No. VI.: January, 1863.

THIS new candidate for favour has now more than completed its novitiate for a year, and, having amply fulfilled its pretensions, will no doubt maintain a hold upon the public. The present number concludes the "Notes upon the Exhibition," and gives a summary of the proceedings of the last meeting of the British Association for the Advancement of Science. Papers by Mr. Hogg upon the "Vinegar Eel," and by Mr. Truman upon the "Eye of the Ox," as also one by Mrs. Lankester upon the "Mistletoe and Parasitic Plants," will be found worth perusing by the student of physiology. We must not forget to mention the novel illustrations, by Mr. Breen, of the planet Mars.

The Art Journal. Parts for January and February, 1863.

THESE parts fully maintain the high character which this periodical has justly earned for elegance, beauty, and cheapness.

ADDENBROOKE'S HOSPITAL, CAMBRIDGE.—Mr. Digby Wyatt, in his report on the proposed improvements, estimates the expense at about £7000.

THE LANCET.

LONDON: SATURDAY, FEBRUARY 21, 1863.

For years before the passing of the Medical Act, it appeared as though the profession, long accustomed to see its interests uncared for and its welfare neglected, had at length subsided into a broken-down condition of apathetic endurance, if not of utter indifference and despair. Sometimes the fresh energy of one or two good earnest men might produce a deceptive twitch as of awakening life; but even this would die of the effort required to get up a few meetings or petitions. As to any of that strong and vigorous action for the common good which results when each and every man puts his shoulder to the wheel and works his best, there was not then, and there is not now, anything of the kind. And, worst of all, very many of those who by position, by influence, and by experience were able to do most good, studiously held themselves aloof from pushing the interests of the profession—whilst some even affected to despise the efforts made on behalf of their poorer brethren.

Such was the exceptional condition of the profession when the Medical Act became law. That the Medical Council fully understood this, and therefore did not deem it necessary to trouble themselves about the opinions or requirements of the profession at large, is evident from all they have done and all they have left undone, from what they have acknowledged and what they have repudiated.

If we were over-sanguine as to the advent of better times for the profession when at last the Medical Act was passed, this too-hopeful anticipation died out, as year after year the deliberations of the Council produced only results that were simply preposterous from very meagreness, when judged by their opportunities, their power, and their pretensions. Yet, even now, we would rather confess to having been wrong in indulging such hopeful anticipations than have to share with the Medical Council those hard terms employed to characterize the professional policy they have so shrewdly followed. The Medical Council have repeatedly and almost indignantly repudiated any obligation to assist or protect the private interests of the profession. Indeed, whatever energy they have hitherto displayed has been in elaborately demonstrating that they are legally irresponsible to anybody for anything,—that their special mission is to take everybody's money, and be indignant if something is expected in return.

Now here arises a point on which we believe the profession, notwithstanding its long endurance, will not keep silence much longer. The Council have elected the standard by which they will be judged, declaring that they are only appointed to perform certain defined and specified work, and, as a consequence, taking their moneys as payment for the doing of that work. This being so,—their duties, on their own showing, being thus narrowed within limits as exact as those of a builder's contract,—how comes it that year after year has gone by without any of the work undertaken being efficiently performed, or the stipulations of the contract complied with? We do not propose to recapitulate their failures, as this would be tantamount to a review of the whole course of their proceedings; but we do assert that the registered medical practitioners have hitherto had very little for their money. This may be a very poor and narrow way of looking at the matter; but it happens that those who paid were for the most part poor men and of narrow means; and as these are the men who, almost exclusively, are thus wronged, this scented-handkerchief style of argument cannot be permitted to avail. The profession, poor as well as rich, had no option as to payment of the money for registration; but no such obligation rested on those who took it, and whose plain duty was therefore to take care that a *quid pro quo* was returned. And we do not hesitate to say that the profession has borne with exemplary patience the long disappointment and the weary waiting to which its members have been subjected by the Council. Session after session of Parliament, rife with opportunities, has gone by. It is well known that the Commons will not tamely submit to a succession of measures introduced by any one body, or for the interests of any one class. But as Acts of Parliament are notoriously imperfect at first, the Houses are wont to look kindly on one or even two amendment Bills introduced to rectify errors and supply omissions, or to give precision to the provisions. But after this the Legislature gets restive. Some pertinacious member sets himself to smash every future Bill on the over-worked subject, and from that time, in the language of Parliamentary agents, "the game is up."

Now the Medical Council is composed of shrewd men, and it is tolerably clear from their actions that they were perfectly aware of this little peculiarity in the inner life of the House of Commons. There can be no doubt that, by united action, there might, under the circumstances above described, have been readily passed through Parliament some efficient amendment of the 40th clause, and some clause providing for the due punishment of quacks. In place of any such effort to aid the profession, and especially to protect those of us who labour the hardest and earn the least, the amendment Bills which the Council have solemnly submitted to the Legislature have been the merest fustian. Only one provision of any general interest and importance to the profession, or which concerns the welfare of the whole body, can be found in the whole series. And this one provision is suspiciously like a job. For it exclusively benefits the Medical Council, and confers on them possession in perpetuity of the copyright of a book which the profession has paid for, and should be supplied with at the price of the paper and printing. If this had really been intended (and we have good reason to believe there was no such purpose), the amendment Bill as to the copyright of the Pharmacopœia would have contained a clause to such effect. As it is, there can be no doubt what was the reason for delaying the publication of the work, the manuscript having been completed and ready for the press six months ago. The Medical Council insist that they have nothing to do with matters on which the advancement of the social welfare and status of the profession depends. They will be judged only according to the letter of their bond, and about the things which the Act required them to do. Accepting this reading of their obligations, we will next review the manner in which they have acquitted themselves in the preparation and publication of that British Pharmacopœia which the 54th clause of the original Act required should be produced under their direction.

ON the 14th inst. a case was heard before the Lord Chancellor which the medical profession will do well to hold in remembrance. It appeared that a Company known as the British Provident Life and Fire Assurance Society had, by an order dated March, 1861, made under the Winding-up Acts then in force, been directed to be wound up. Previous to the year 1857, Dr. COLEMAN had been one of the medical officers in the Diadem Life and Fire Assurance Society, and was a holder of 200 shares. The business of that Company was transferred to the British Provident Society; and in the month of January, 1857, negotiations were commenced with a view of Dr. COLEMAN becoming one of the medical referees of the British Provident Society. According to Dr. COLEMAN'S showing, Mr. SHERIDAN, one of the managing directors of the Company, undertook to procure his appointment as permanent medical referee for the east of London district, at a salary of £50 per annum, upon his subscribing for 300 shares in the Company, which Mr. SHERIDAN represented was the number taken by each of the medical officers. Upon the faith of this representation Dr. COLEMAN agreed to take 300 shares at 12s. 6d. per share, and executed the deed of settlement. Shortly afterwards, however, finding that there was no probability of his being appointed a permanent medical officer of the Company, he repudiated being a shareholder, never having paid any of the purchase money of the shares; at the same time he received a letter from Mr. SHERIDAN, informing him that his shares would be considered as forfeited. He never received any scrip or certificates, and no notice was sent to him as a shareholder in the Company. Under these circumstances, it was contended on his behalf that his name ought to be removed from the list of contributories, on the grounds—1, that he had never legally been a shareholder in the Society; 2, that his signature to the deed of settlement had been secured by misrepresentation; and 3, that, supposing he had ever been a shareholder, his shares had been declared by the Society forfeited.

Dr. GRADY, with a somewhat similar story, applied to have his name removed from the list of contributories to the same Company. His name had been retained as liable for twenty-five shares. It appeared that Dr. GRADY had also been one of the medical referees, but upon his ceasing to be so in 1859 he brought an action against the Company for a sum exceeding £500. A compromise was entered into, by which the Company paid Dr. GRADY a half-year's salary, gave him a promissory note for £100 payable in six months, and his shares were transferred to Mr. SHERIDAN. By the deed of settlement the Company possessed no power to purchase any shares from the holders; and therefore, if the shares of Dr. GRADY had been transferred, as contended by the official manager, to Mr. SHERIDAN, as the nominee and trustee of the Company, Dr. GRADY was still a shareholder, and liable as a contributory. For Dr. GRADY, however, it was insisted that the shares were transferred to Mr. SHERIDAN personally, and not on behalf of the Company; and the books of the Company, and the register kept at the Joint Stock Companies' Office, were appealed to, in which the name of Mr. SHERIDAN was entered as the transferee of the shares, without any statement that he had purchased them for the Company.

Without entering on a discussion of the abstract questions of law which these cases involve, we address ourselves to those features of each which may be regarded as disclosing a system becoming, we fear, too prevalent. It matters not whether it be a public or a private institution in which a vacancy for a medical officer occurs, almost the last consideration which determines the election is the professional merit of the candidate. Political or personal interest far outweighs all other claims. In the cases we are considering, both gentlemen were eminently suited for their separate positions; yet it seems to have been a *sine qud non* that they, as medical officers of the Company, should invest capital in its speculations, and incur responsibilities on its behalf to a considerable extent. Had they not done so, there is little doubt that others, more compliant, would have been elected in their place. In a similar manner, when a vacancy occurs in a public institution where the election rests in a board of governors, it is curious to watch that active philanthropy which induces subscriptions as qualifications for votes to swell the charity funds. We have known a good position ensured by the outlay of a few hundred pounds, which position, had merely professional claims determined the selection, would have been very differently filled. These are evils long since recognised, and evils impossible, in the case of public institutions, entirely to remove. When, however, a direct relation is established between the officer of a mercantile firm and his directors, considerations of a different character arise. There is no reason why, if a speculation fails, those who are in the speculation should not come within the ordinary provisions of the law. In the last year, especially, men seem to have become impressed with the necessity of gaining large fortunes by short means. Speculations of all kinds have been about. We have seen numerous communications, marked "private," stating that "A new Company is about to be formed. In consideration of your procuring two directors, I shall be happy to place at your disposal the position of so-and-so;" or, "In the event of your subscribing for so many shares, you will be elected to this or that office." Many incautious men have thereby been deceived. We have uniformly advised the repudiation of all such association, as being sure sooner or later to entail responsibilities, without any advantages as a set-off. If members of the profession do speculate, we advise them to seek more certain investments than the mushroom creations of a few months, and above all things to avoid Companies whose confidence in their principal officer reduces itself to a question of shares, and whose criterion for fitness and capacity in financial management may be even devoid of such a recommendation. We trust that in both the cases to which we have alluded, our professional brethren will sustain no further loss than that which results from cessation of any emolument from a Company in whose lengthened vitality they could at no time have had a very strong belief.

Since writing the above we are happy to add that the Lord Chancellor has decided in favour of our medical brethren.

Medical Annotations.

"Ne quid nimis."

THE HUNTERIAN ORATION.

THE oration delivered by Mr. Gulliver this week at the College of Surgeons, in honour of John Hunter, contained an unusual spice of personalities. In vindicating the claims of English physiologists to a greater share of consideration than they have received, he rendered a public service; and as Mr.

Gulliver himself has been an able and successful investigator of the histological characters of the blood, he was well at home in his subject, and naturally warm in his vindication of the original investigations of Hunter and Hewson on the corpuscles and lymph, which he has himself extended. Some undue warmth may be excused on the ground of patriotism, and some rather uncourteous language on the score of personal feeling, although the orator expressly reprobated egotism in the objects of his attack. A pardonable heat might be ascribed to generous zeal, and a few ebullitions of personality to secret irritation and the long suppression of feelings which now found public vent. There is one part of Mr. Gulliver's speech, however, which has excited a great deal of severe comment, and which seems to pass the ordinary bounds even of controversial bitterness. He might abuse Kölliker, his countrymen, and his English translators. He might hint depreciation of any other physiologists but the illustrious Hunter and Hewson, and himself (Mr. Gulliver). No doubt "the authors of the books recently placed in the hands of our pupils, and particularly those by some recent German writers made popular in this country by British patronage and translation," would know how to defend themselves against the criticisms of this living orator, however important the chair from which he was permitted to speak. But it has been felt as a grave indecency that Mr. Gulliver should have used his office as eulogist of the day, and panegyrist of the immortal memory of Hunter, to summon from the dead the shade of the lamented Quekett, and, leaning on his authority, speaking in the name of one lately deceased, to impute slanders and to suggest calumnies. In the semi-official reports of the speech forwarded to the journals, the following passage conveys the attack:—"He (Quekett) retained to the last his wonted serenity and affability, kindness and humility; neither was his constitutional sweetness of temper affected by the plagiarism of his labours abroad, *nor even by the pitiful attempts of anonymous slander* at home." This has been accompanied by a *communiqué* interpolated, explaining that "this was an allusion to an unjust critique and bitter article in the *Quarterly Review* of September, 1851, from the pen of a colleague and supposed friend!" Those nearest and dearest to poor Quekett emphatically deny the possibility of his having ever given countenance to the slanders alleged or implied in the oration. Mr. Gulliver will hardly expect that he should be allowed to evoke this shade to give force to his wrath, nor will he desire to shelter himself behind the fame and character of a departed man of science, while directing vague but most serious imputations against living men. He is called upon to furnish us publicly with the grounds of the charges which he thus desecrated this chair by making, on an occasion which we cannot think fitted for polemical attacks, even if they be well founded. Mr. Gulliver's honour will not permit him to refuse to lay before us the *pièces justificatives* on which are founded the charges, so offensively conveyed, and, we may add, emphatically denied and repudiated.

GHOSTS.

THE credulous man is, as a rule, a pertinaciously aggressive creature, who, like *Dogberry*, insists that you write him down an ass, and will take no denial. He is the recruiting sergeant of ignorance, the tout of the knave, and the tool of the swindler; yet is very mischievous, since wise men have better work to do than arguing with fools, and because the majority of mankind—certainly not the wise men—too often accept unrefuted assertions as true, without considering the value of the judgment of those who make them.

It is in this way that quackery succeeds in filling our churchyards. For when any stupid old goose has been persuaded by a knavish homœopath to believe in the enormous globulistic humbug, he is only happy when hissing at decent, honest, reasonable men, who despise such egregious imposture. And when that evil-eyed Frenchwoman who is just now gulling our English fools by pretending to see their insides whilst in mesmeric trances, has told any hysterical old girl that her nerves are delicate, the poor deluded gander cannot rest until every ailing friend has heard of "Julie," and promised to pay heavily for a *séance* with the creature. As with extremely credulous ones such as these, so is it also with *gobemouches* of every kind, who prefer a lie to the truth because it is more startling, and so affords them the unwonted privilege of obtaining a hearing. It is in this way that the mere force of unreasoning assertion, always the strong point of the very weak, has for many centuries kept alive a faith in ghosts and apparitions. Indeed, it is a good illustration of the infinite power which continued assertion exercises in this world, of the results of crying out one thing and crying that one thing very loud, that even sharp and clever men have taken on faith what they would have rejected on reason, and have been content to accept from the mere assurance of others what they would have been sceptical about had it occurred to themselves. Thus Horace never doubted Canidia's power, "cremates excitare mortuos," however sceptical he might be on other more personal matters. Ovid fully believed in the power of Medea, "manes exire sepulchris," although he elsewhere shows how little of earnest faith there could be in the mind of such a pusillanimous libertine. So good Sir Thomas Browne, notwithstanding his pedantic tilting at Vulgar Errors in the "Pseudodoxia," implies, in his "Religio Medici," a half belief in the existence of disembodied spirits. Whilst Mr. Clergyman Wanley, in that collection of "The Wonders of the Little World" which comprises such a collection of quaint and curious stories, says—"There are some who deny the very being of spirits; these I look upon as men possessed with such an incurable madness as no hellebore is sufficient to quit them of." And so he cites a number of ghost stories, as amusing and about as authentic as the tales which *Autolycus* told to the clowns in the "Winter's Tale."

Now, although all stories about visitations of spirits or appearances of apparitions are *de facto* lies, manufactured in order to make money, imagined by people distempered in mind or body, or devised by poor frightened fools to cloak their pusillanimity, yet it would be a difficult and thankless task to trace out the origin and expose the folly of all those which are current. So, for once, Science has turned the tables on Ignorance, has assumed aggressive tactics, and attacked the ghost-makers with their own weapons.

There is now exhibiting in London an admirable illustration of what Science can do when it condescends to take the field against Imposture. It forms the subject of a lecture at the Polytechnic Institution, in the course of which is displayed a most ingenious contrivance wherewith any amount of very highly-finished ghosts can be produced to order. These Mr. Pepper raises by the aid of a strong light, a mirror, a few lenses, and some smoke. And even an audience, such as in Æsop's time preferred the imitation of a pig to the genuine squeak of a pinched porker, could not refuse the merit of superior ghost-making to the scientific device at the Polytechnic; which will do more to upset the lingering faith in the foolish and wicked superstitions about ghosts than a considerable amount of reasoning or argument.

But there is another and a medical aspect of the matter to which Mr. Pepper discreetly alludes in the excellent practical remarks that accompany the exhibition of this new Spectrodrome, as it is called. All medical men know, but few of the public are aware, how wonderfully deceptive are the spectral illusions occasionally experienced by persons physically or mentally out of health. Of these the instances related by Abercrombie and Davy afford well-marked illustrations. But it cannot be doubted that there are many unknown cases where persons of weak minds secretly and morbidly cling to a faith in the reality of revelations or visitations which they know not

how to account for except by believing them supernatural. To such sufferers the following words, with which Mr. Pepper concludes his lecture, may serve to convey a valuable lesson, and to open the way of escape from much secret misery:—"The moral of my story, if a lecture may have one, is this: Ghosts, hobgoblins, apparitions, nursery bogeys, if they do happen to come as pictures or spectres on the retina of the eye or mind, are produced by some kind of bodily disease, and are best and most quickly got rid of by calling in the good and skilful aid of the family physician. At the Polytechnic we are anxious to instruct, amuse, and (when we can) do good; and we shall think ourselves fortunate if in bringing these optical spectres before you we have helped to shake that ridiculous belief in ghosts which still lingers in the minds of many sensible persons."

THE MEDICO-CHIRURGICAL LICENCE OF THE ROYAL COLLEGE OF PHYSICIANS.

THE great reform which has been initiated by the College of Physicians is gradually progressing with sure though slow steps. The bestowal of a complete qualification to practise Medicine and Surgery in all necessary branches is so obviously important a desideratum, that the resolution of that ancient and honourable corporation to act upon the principle of unity in Medicine and Surgery cannot but be in the highest degree acceptable to a large number of those who desire to enter upon the paths of general practice. Every novelty shocks at the first moment; but a resolution which accords so fully with the aspirations of the multitude, and at the same time tends towards the fulfilment of the cherished idea of the most subtle thinkers, contains all the elements of success. The scheme which delights the President of the College of Physicians, which makes a convert even of that venerable Tory among surgeons—Mr. Lawrence, and which holds out a flattering boon to every intending general practitioner, has a bright prospect of succeeding. We observe, from the lists published by the College, that the scheme is getting slowly into working order. We developed some months since its leading features, and the points which recommended it to favour; at the same time we noted that the arrangement of examiners was bad, and indicated the necessity for giving more than one examiner to so important a subject as Surgery. At the meeting of the Fellows of the College this week, steps were taken to cure this defect by passing resolutions to abrogate for the *first time* the following words in Chapter XI. of the Bye-laws "Of the Council," Section VII.: "Three examiners in the Principles of Surgery, in Midwifery and the Diseases peculiar to Women; three examiners in the Principles and Practice of Medicine;"—and to enact for the *first time* the following words in their place: "Two examiners in the Principles and Practice of Medicine; two examiners in the Principles and Practice of Surgery; two examiners in Midwifery and the Diseases peculiar to Women." Thus there will be two examiners in each subject. This dual arrangement is absolutely essential to the excellence and credit of any examination in an important subject. This has been ascertained by experience at the universities, where the rule is generally observed.

Some steps should be taken by the authorities to popularize the degree forthwith, if they desire that it shall begin to attract candidates. A first and most important step is to obtain, and, having obtained, to publish, the official recognition of these degrees by the Registrar of the Medical Council, the Army Medical Board, the Navy Medical Board, and the Poor-law Administration. Moreover, it would be desirable that at every hospital, infirmary, and dispensary where a house surgeon is employed, resolutions should be introduced entering this diploma among the licences which qualify to hold office. At present there are a large number of appointments for which this licence does not qualify. There are few hospitals and dispensaries which do not boast of fellows or members of the College of Physicians among their medical staff, and on a semi-official request being made to them, these gentlemen would probably forthwith move the formal resolutions necessary in such a matter. So large a number of young men enter the profession who find appointments of this kind useful resting-places and stepping-stones to further preferment or bolder ventures, that an important preliminary towards the extended popularity of the medico-chirurgical licence of the College of Physicians would be an official intimation that it qualified for the medical appointments of the Army, Navy, and Poor-law Boards, and for the post of resident medical officer of the civil hospitals and dispensaries of the country.

RUSSELL VERSUS ADAMS.

THE opinion which we gave upon the unsatisfactory verdict of the jury in the case of Russell *v.* Adams has been confirmed by the unanimous voice of the profession, and by the conscientious utterance of the press. There is not, we believe, any question in the minds of the public and the profession that Mr. Adams was falsely accused. We understand that Mr. Adams will forthwith prosecute Mrs. Russell under an indictment for wilful perjury. The evidence of the clergymen and others, tendered to prove that similar alleged promises and breaches of promises had been charged against them by her elsewhere, and under similar circumstances, will then be admissible. We think that Mr. Adams is well advised in thus pressing for the further redress which the law allows him, and in taking the most effectual means to clear his own character from the shadow which the lukewarm verdict of this jury might under other circumstances be considered to leave.

Meantime, the feeling of the profession has found expression in various forms since the appearance of our article last week. In reply to correspondents who have addressed communications and suggestions to us, we may state that a preliminary meeting of a private character was held on Wednesday last, at which many influential persons were present, representing very various shades of opinion in the medical profession, and some members of the legal profession, and others. A small executive committee was formed, composed of medical, and legal and non-professional gentlemen; and J. B. Walker, Esq., surgeon, 17, Clifton-gardens, W., has undertaken to act as honorary secretary. It was proposed to hold a larger and public meeting, with a view to invite the members of the learned professions and the public to consider the professional and general aspects of this case, and the verdict given, and to take into consideration the best means to suppress the increasing practice of attempting to extort money by false charges. This meeting will be held at the Freemasons' Tavern, on Tuesday next, at four o'clock. The facility with which these base charges are fabricated, and the difficulty of meeting them satisfactorily, arising partly out of the state of the law, and partly out of the limited pecuniary resources of the individual attacked, are circumstances worthy of grave discussion. The meeting will no doubt be mainly an occasion for expressing sympathy with, and confidence in, Mr. William Adams, but the general professional question is involved, and it is to be hoped that there will be a large attendance.

THE NEW METAL, THALLIUM.

A VERY full account of the properties of the newly-discovered metal, Thallium, will be found in the *Chemical News* of the 10th ult. As Englishmen, we naturally feel interested in that remarkable metal, since the honour of its discovery clearly belongs to a fellow-countryman. The question of priority of discovery has, however, been raised between Mr. Crookes and M. Lamy; it is one which, by reference to certain dates, admits of being satisfactorily disposed of.

In cases of disputed discovery or invention, the dictum is often appealed to that "priority of publication constitutes priority of invention." This no doubt in many cases is a safe rule, but it is nevertheless one under which, if invariably acted

upon, much injustice might be committed. We believe that in deciding claims of priority, as other claims, *all the evidence* ought to be considered and receive its due weight. However, in the present case, according to the strict letter of the rule adverted to, the priority of Mr. Crookes's claim may be firmly established.

On the 30th of March, 1861, Mr. Crookes announced in the *Chemical News* "The Existence of a New Element, probably of the Sulphur Group." On the 18th of May of the same year, and in the same journal, "Further Remarks on the supposed New Metalloid" appeared. In January, 1862, Mr. Williams, as he has stated publicly in the *Chemical News*, saw the metal in Mr. Crookes's laboratory. Early in April of the same year, Messrs. Silverlock, the well-known printers of labels, printed, as can be shown by the books of that firm, labels of "Thallium" and many of its salts. On the 1st of May, 1862, the International Exhibition opened; and there, in a case sent in some days previously, and open of course to public inspection and observation, and challenging the special attention of the jurors, was a specimen of the new metal, with the following explanatory labels attached: "Thallium, a new METALLIC Element"—"Chemical Reactions of Thallium, by which it is distinguished from every other known Element; it appears to have the characters of a HEAVY METAL," &c.

Now this public exhibition of the metal, and the nature of which was so clearly expressed by the labels, cannot be regarded otherwise than as an act of publication on the broadest scale; and from it, even if no weight were allowed to the other acts and dates referred to, the discovery must be dated.

Such, very briefly stated, is the evidence upon which the claim of our countryman rests. Let us now see what evidence can be advanced on behalf of the French claimant.

M. Dumas, in his report on Thallium,* states—"M. Lamy announced his discovery to the Société Impériale of Lille on the 16th of May, 1862; and on the 10th of June he submitted to the Jury of Chemists in London, in the presence of Mr. Crookes, a beautiful ingot of thallium."

The case, then, stands thus:—On the 30th of March, 1861, Mr. Crookes announced the existence of a new element; and on the 1st of May, 1862, he exhibited at the International Exhibition the metal, accompanied by certain labels showing that he was well acquainted with its metallic character and properties—facts of which he was cognizant, as proved by Mr. Williams and Messrs. Silverlock, at dates antecedent to the 1st of May, 1862. On the other hand, the first announcement of thallium by M. Lamy did not take place until the 16th of May, 1862, and it was not until the 10th of June that he exhibited the metal, and that under the name bestowed upon it by Mr. Crookes.

It is true that Mr. Crookes's specimen was in the form of a black powder, as precipitated by means of zinc; while M. Lamy's sample was in that of a metallic button—a condition to which Mr. Crookes's specimen might have been brought by simple fusion under certain precautions.

While desiring to do justice to Mr. Crookes in this matter, and to give honour where honour is due, we have no wish to disparage the services rendered to science by M. Lamy through his researches on thallium. We advise Mr. Crookes to submit the case to an impartial jury of *savans* for adjudication, although the result of such a proceeding does not appear to us to admit of a doubt.

THE HERBERT TESTIMONIAL.

A GOOD many inquiries are being made as to the apparently dormant state of the movement for establishing a testimonial fund in perpetuation of the memory of the late Lord Herbert of Lea. As a part of the fund was to be devoted to the furtherance of medical education in connexion with the military service, a special professional interest attaches to the affair. We believe we may state, however, on very good authority, that in this matter medical interests will not be overlooked. The sum collected was about £5000. The first step taken in connexion with the expenditure of the amount has been to proceed to the erection of the statue of Lord Herbert, which was the primary object in view. This statue is in progress. Its execution has been entrusted to Mr. Foley, and is advancing towards completion. Arrangements are being made for the erection of the statue, when completed, in a public site in London. After its erection there will remain a balance of about £2000, which will then be forthwith invested, and applied to the encouragement of study among the candidates at the Army Medical School, in the shape of medals or bursaries, according to the sum remaining and the advice of the medical authorities. It is of little use, however, to improve the organization of the Army Medical Schools, while the officers of the Department are systematically trampled under foot, and so discouraged as to produce a permanent sense of injury and pervading feeling of discontent in their minds.

* Comptes Rendus, tv., p. 308.

MEDICAL OFFICERS OF THE PRINCE OF WALES.

THE *London Gazette* of Tuesday, Feb. 17th, contains the following appointments in the Prince of Wales's household, which have been partially anticipated by the voice of the profession:—To be Physicians in Ordinary: William Jenner, M.D.; and Edward Sieveking, M.D. To be Surgeons in Ordinary: James Paget, Esq.; and George Pollock, Esq. To be Surgeon Extraordinary: John Minter, M.D., F.R.C.S., R.N. To be Hon. Physicians: Thomas King Chambers, M.D.; William Henry Acland, M.D.; and Alexander Armstrong, M.D., R.N.

These honours are all well conferred, and will be generally felt to be very highly merited by those who have attained them. Dr. Chambers, Dr. Sieveking, and Mr. Pollock may be especially congratulated upon their new honours. As civil members of the profession, practising in the metropolis, they are in a position to reap all the advantages which can spring from this public distinction. Dr. Jenner and Mr. Paget are already permanently attached to the Court, and occupy positions so distinguished that the present appointments add little to their standing. The University of Oxford will feel itself honoured in the graceful decoration of its accomplished Regius Professor. And the medical officers of the Navy will not fail to receive with gratification the compliment to their body which is conveyed in the appointment of Dr. Minter as Surgeon Extraordinary and Dr. Armstrong as Honorary Physician to the Prince.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

THE Hunterian Oration, now biennially delivered in the theatre of the above institution, was on Saturday last given by Professor Gulliver, F.R.S., before an unusually large number of the *élite* of the learned professions, that of the surgical of course predominating.

The orator commenced by admitting the difficulty at this day of finding any novel points for comments on the valuable records of Hunter, but said there ought to be a relative novelty, and at least a perennial interest and instruction, in reviewing the works of a man of genius in the fitful lights and shades of advancing science. Nor could a more grateful homage than this be paid to the memory of a great man. It is to view his reputation in the very glass in which he himself would like to see it, were he to reappear among us; and, though he be dead, to show how he yet speaketh. By the book of Hunter we mean (said the learned orator) the grand exposition of the works of nature to be found in his magnificent museum as well as his writings. In his time physiology and zoology were so oppressed by mere facts as to be in danger of sinking under their number, confusion, and weight, until he so surveyed and arranged them as to show their affinities and contrasts. Long before, there had indeed been a sort of dead

order, which it was reserved for his genius to mould by expositions of relation and difference, of unity of progression, or continuity of transition or development, into a living method. No one can properly contemplate Hunter's unrivalled museum in connexion with his writings without perceiving this great truth, nor without being impressed with the force of evidence by which the master-spirit was led to the impressive and crowning conclusion that life is independent of or precedent to organization. Moreover, a somewhat familiar acquaintance with his work has long since taught us to look up to him as the foreteller of many principles or central phenomena only recently become well known by new or improved means of research, and claimed accordingly as late discoveries, in utter ignorance of his earlier observations. Among other instances, his description of the leading fact in the formation of the buffy coat of the blood was particularly worth notice, not only from its importance, but also because his priority in this respect was so little known or even suspected, and so long completely hid, that it was left for Professor Gulliver to point out, in the course of lectures last delivered, how Hunter had anticipated the main result of the excellent observations of Shrœder van der Kolk, Nasse, Henle, Wagner, and Wharton Jones.

The orator then gave an elaborate history of the discoveries relating to the blood, with notices of those physiologists who have confirmed Hunter's views on this important subject; and drew attention to the valuable catalogues of the museum (making twenty-nine quarto voulmes), and to the labour and expense which had accrued, and which must increase with the growth of the museum. In rendering unto Hunter his due, Mr. Gulliver severely censured some of the authors of books placed in the hands of our pupils, and more particularly those by some recent German writers, made popular in this country by British patronage and translations, and this in spite of the notorious fact that these works, so full of egotism, are, as regards many of the most important points of physiology, really worse than useless. What, observed the orator, is the plasma, protoplasm, blastema, or cytoblastema of these Germans, but the coagulable lymph of our Hunter? (Mr. Gulliver was applauded here, and proceeded to say,)—It is now proved that we have adduced sufficient evidence to show that the Hunterian doctrine respecting the blood stands yet in all the majestic simplicity of truth, really unaffected by the more complex tenets of Schleiden, Schwann, and Valentin; that, in fact, even this single scene in the great drama, this little episode in the grand epic of Hunter's labours, would alone be sufficient to show the depth of his genius—to entitle him to the admiration and gratitude of all posterity, and the place of honour in philosophical surgery. He yet lives in the hearts of his disciples; and these even now, after following his bones from their first resting-place to our venerable Abbey at Westminster, are erecting his statue—a marble testimony of respect—amid the scenes he loved so well. But all the shows of art, pictured pomp, or sculpture, speak in feeble imagery — their own cold powers frail and vain for his renown. His best eulogy, as of other great men, is to be found in his works, and especially in his museum. There, verily,

> "He in our wonder and astonishment
> Hath built himself a livelong monument;
> And so sepulchred, in such pomp doth lie,
> That kings for such a tomb might wish to die."

And here, added the orator, we might have concluded, but that since last addressed, death had deprived us of some of Hunter's disciples,—*haud passibus æquis*,—as Quekett, Norman, Stanley, and Brodie, to whom a passing tribute must be paid. The three latter died full of years, and in the enjoyment of that which the greatest secular judge of human nature tells us "should accompany old age, as honour, love, obedience, troops of friends;" but Professor Quekett was early lost to science, yet not without leaving beautiful marks of his course behind him. He was one of the first, if not the very first, of those eminent men who devoted their talents exclusively to the abstract and higher branches of the profession, quite regardless, in this noble pursuit, of the meaner considerations of practice and profit. He explored the field of histology in its widest sense; his inquiries not only extended through the animal and vegetable kingdoms, but also to mineral substances, and his collected specimens of the intimate structure of organic nature surpassed in number and value anything of the kind before displayed in this country. Such a mind could not be thus employed without discovering central or comprehensive phenomena—could not be confined to mere fragmentary, subordinate, or minor facts, as his early observations on the nature and arrangement of capillaries led him soon to exhibit in the blood-vessels alone—rational evidence—proof of function from structure of the significance and use of the air-bladder in fishes. His original researches, two or three years afterwards, on the intimate structure of bone, were of still higher import; for they at once and for ever demonstrated the analogies and contrasts of this structure, and with such admirable precision and clearness as not only to establish the essential characters in this respect of the vertebrate sub-kingdom, but also the means of determining the affinities of minute fragments of the organic remains of a former world.

Mr. Quekett, like Pope, might truly have complained of "that long disease—his life." He retained to the last his wonted serenity and affability, kindness and humility; neither was his constitutional sweetness of temper affected by the plagiarism of his labours abroad, nor even by the pitiful attempts of anonymous slander at home. Let us however hope, said Professor Gulliver, that generous hearts will not be wanting among us to defend Hewson and Quekett on the proud pedestals which they had so honourably gained.

Mr. Norman was a man of a different stamp. He early marked out the best course by which to arrive at the goal for which he panted, and won in a manner honourable alike to himself and to the profession, having twice been elected chief magistrate of the city of Bath and deputy-lieutenant of the county. In 1825 Mr. Norman successfully tied the external iliac artery, as well as the arteria innominata; he had tied the common carotid two years earlier; but his chief operation was the securing with complete success both the lingual arteries in a case where excision of the tongue had become necessary.

Mr. Stanley was chiefly distinguished in surgical anatomy and pathology, and was one of the most successful teachers of his time, and a great master of what he loved to call practical anatomy; and he was so highly esteemed by the students of other schools, and especially those from the Borough, that, even during the brilliant reign there of Sir Astley Cooper, the St. Bartholomew men were almost excluded from their own theatre by the latter.

The orator passed a long and high eulogium on Sir Benjamin Brodie, which, as a full memoir of him has appeared so recently in THE LANCET, we feel less regret at being unable, from want of space, to reproduce. An interesting account was then given of the great teachers at the Windmill-street School.

In conclusion, Professor Gulliver expressed a hope that, if he had rather forcibly submitted some of the just claims of the British school of physiology in the labours of John Hunter and his disciples, it had been done conscientiously in the defence of Truth, and, he hoped, neither lightly nor inconsiderately, and yet with sufficient decision and accuracy to assist, if not maintain, her sacred cause. Let us never forget that we belong to the country of Harvey and the Hunters; nor, when we deplore the loss of such of their followers as Brodie, Norman, Quekett, and Stanley, cease to feel that excellent consolation which is afforded by the character of their lives, and the example they also have left to us and to our posterity; for "these were honourable men in their generation." Professor Gulliver concluded his oration amid considerable applause.

In the evening the President and Council entertained a large number of distinguished guests at a banquet at the Albion Tavern.

Correspondence.

"Audi alteram partem."

THE LONDON INFIRMARY FOR DISEASES AND ULCERATION OF THE LEGS.

To the Editor of THE LANCET.

SIR,—In your number of Saturday last you have thought proper to couple your comments on the system of special hospitals with a severe censure on myself personally, in connexion with this institution, of which I am the founder. You will, therefore, I am sure, in fairness, permit me a small portion of your space in reply.

As you pointedly refer to the protest put forth in your number of Dec. 8th, 1860, I would, in the first place, remind you that the late Sir Benjamin Brodie, in seeking personally the advice and mode of treatment of special practitioners, was by so doing compelled to exempt certain specialties. Sir Charles Locock claimed exemptions also, and concluded a

letter of his on the subject to Mr. Iver, which appeared in your number of Dec. 22nd, 1860, as follows:—"They did not choose, it appears, to print and circulate my letter of exceptions, as I suppose they thought many others would also have their own pet exceptions."

As THE LANCET also advocated the need and advantage of some special institutions, and as exemptions are claimed by many who signed the Protest alluded to, special hospitals must be considered very far removed from "quackery." Your impression as to my indifference to the opinion of my professional brethren who signed that Protest, is, I assure you, very erroneous; and I cherish a hope that a brief statement of the origin of this institution will enlist their sympathy, and secure their co-operation for its support.

The treatment of ulcers was forced upon my attention soon after commencing practice in a severe case of many years' standing. The ulcers, which varied in size, occupied the greater portion of both limbs, thus affording ample field for the various plans suggested by different authors; and my time being otherwise unoccupied, my whole attention was directed to this dreadful case, and, by varying the modes of treatment, I was very soon able to select the most suitable remedies, and in a short time to bring the case to a successful issue. This brought me many others, until I believe I had what Dr. Farr has been pleased to call "a passion for healing ulcers." It was some time, however, before I yielded to the suggestion of several hospital surgeons, to open an institution for the treatment of ulcers. I called on the late Sir Benjamin Brodie, who dissuaded me from such a course, though he admitted that the disease prevailed to a great extent, and chiefly amongst the poor. Sir Benjamin's argument was, that I could derive no benefit from it. I reminded him that the disease was in the majority of cases curable, and that most of the hospitals were closed against persons thus affected, when he repeated the clause contained in their letters of recommendation for the signatures of governors, "Old ulcers not admitted; better fitted for a workhouse." Becoming more convinced as to the extreme prevalence of the disease, I at once determined to relinquish general practice, and to devote myself to rescue in some measure the treatment of ulcers from the stigma expressed by most authors, that "ulcer is the opprobrium of surgery," and to save at least some sufferers from a workhouse as a last and hopeless refuge.

This, Sir, was the commencement of this work in the year 1857, and I am thankful to say my labours have been most successful. At first I had only five patients on an average daily, but in a short time I had seventy. The numbers continued to increase, which gave me the best proof that the institution was necessary, and that a good work was being done; but it became requisite to fix a limit, as I found fifty as many as I was able to attend to daily. Upwards of 1000 cures have been effected. There is now, I am glad to add, every prospect that the work of the infirmary will be greatly extended. Many of the sufferers come from a distance. A large number are in the depths of poverty, because of their inability to labour, and I hope that ere long we shall be able to receive some of the most destitute as in-patients.

I have to apologize for this long statement, and trusting to your spirit of fairness to give it insertion,

I am, Sir, your obedient servant,

Red Lion-square, Feb. 1863. THOS. WESTLAKE.

SPECIAL HOSPITALS—THE LONDON GALVANIC HOSPITAL.

To the Editor of THE LANCET.

SIR,—Although you have found it expedient to condemn me *unheard*, and gibbet me and others with "quacks," "anatomical museums," and "syphilitic cabinets," I do not feel disposed quietly to submit to the anonymous ridicule of a prejudiced journalist, but shall lay my case before the only jury whose judgment I respect—namely, *your* readers, *my* professional brethren.

The London Galvanic Hospital was founded some two years since by me, "to extend to those the severity of whose maladies remains intractable to ordinary treatment and medicines a further opportunity of obtaining relief and ultimate cure by galvanic agency," and "to afford students and practitioners in medicine an opportunity of observing, studying, and testing the treatment of disease with the aid of galvanism;" (I quote from the first annual report, which I enclose for your inspection). Now I unhesitatingly state, without fear of contradiction from any *authority*, that there is no other hospital or institution in London where these advantages can be obtained either by patients or students.

The London Galvanic Hospital was not established until after I had failed in my endeavour to become connected with my "alma mater," St. Bartholomew's. I offered to undertake the treatment with galvanism of a certain number of picked cases from the out-patients, to be handed over to me by the assistant-physicians. This offer was backed by the sanction and with the encouragement of the whole medical and surgical staff of the hospital, with the exception of Mr. Lawrence (whose antipathy to all change is so well known) and the apothecary, with whose privileges it would have in some way interfered.

Having faith in the value of the agent and confidence in myself, I determined to devote my whole time and energies to the scientific study of electro-therapeutics; and although perhaps I have not as yet produced any very startling novelty, I believe I am in a fair way to place galvanism as a real practical therapeutic agent in the hands of my professional brethren, to rescue it from the "quacks," and to give it the status its importance deserves.

I have devoted five years to the practical study of this agent, and during that time I was not aware I had made a single personal enemy; on the contrary, I have made friends of some of the most eminent in the profession. To the three most honourable names you invoke, Sir Benjamin Brodie, Sir Charles Locock, and Dr. Watson, I am indebted for much kind support. My most successful published case, transplanted bodily into "Braithwaite's Retrospect," had been attended by the two latter; and, in fact, it was at their suggestion I was consulted, and Sir Charles watched the case throughout; and it is to the constant encouragement afforded to me by Sir Charles Locock that I have obtained some of my most valued patients.

I am prepared at any time to relinquish the London Galvanic Hospital upon being placed in an established London hospital, in an honourable and independent position, a ward being set aside for the treatment of suitable cases with the aid of galvanism; and I have little doubt, if my life is spared, that I shall see galvanism (the most potent curative agent Nature has or can give us) in as common use as "quinine" or "cod-liver oil" is now.

In conclusion, allow me to make use of your columns to invite all who may be interested in galvanism to visit my hospital, when it will be my pride and pleasure to explain, to the best of my abilities, the uses and value of galvanism as a therapeutic agent.

I am, Sir, yours, &c.

Brook-street, Hanover-square, Feb. 1863. HARRY LOBB.

DR. HUGHES BENNETT'S LECTURES.

To the Editor of THE LANCET.

SIR,—Will you allow me to indicate two errors into which, it appears to me, Dr. Hughes Bennett has fallen in his third lecture, published in THE LANCET of the 7th inst.

In the first place, speaking of the formation of molecular fibres from blood, he says: "The same occurs in mucin. In watching the change which occurs on the surface of putrid fluids, it may be seen that a scum forms on the surface. This, on microscopical examination, is seen to be molecular. In a short time the molecules arrange themselves in short rows, melt together, and assume a vibratile movement. As they grow longer, the motion becomes serpentine, and they dart or wriggle rapidly through the fluid. These are the so-called *vibriones* or *spirilla*. In this manner actively moving and contractile filaments form by apposition of molecules, without the agency of nuclei or cells."

Now, I believe it will be admitted by such naturalists as have given attention to this subject, that these vibriones or spirilla are vegetable growths, belonging either to the fungi or algæ. Of this I am myself quite convinced, having paid much attention to the subject. That they are produced from so-called molecules, I am prepared to admit; and that frequently they may group themselves in fibrillæ-form rows, is also quite likely; but in general the fibres are produced by the growth of these molecules, and by their subdivision in the linear mode pointed out by me in papers on the subject in the *Microscopical Journal*. The segments, increasing by growth and segmentation in the linear mode, may ultimately become globular and free. These, again, may (as I have often seen them) subdivide by binary or quaternary segmentation. They are generally much larger than the segments of the filaments from which they at first

sprang. But any of these segments, whatever their forms and size, have an inherent power of growth besides that of segmentation; consequently, portions so small as to be called molecular can increase so as to be distinctly recognised as what has been commonly called a vegetable "cell." Into the cell question I am not intending to enter: suffice it to say, that a mass of vegetable matter (protoplasm) so minute as to appear with the higher object glasses scarcely larger than a point, can increase in size so as to be recognised as a distinct growing vegetable body, usually called "cell," which upon further growth can become a distinct cell, with its wall and nucleus. The two properties of subdivision and individual growth seem to antagonize one another. When segmentation is in excess, then we may see the subdivision reduced to these minute particles, which may again recover their size by the subjection of the dividing process to that of growth. The movement of these vibriones is probably akin to that well known in oscillatoria.

In the second place, further on Dr. Bennett says, in speaking of the function of the contractile cell, "In the uterus during pregnancy they are greatly enlarged, and though non-contractile during their increased growth, they assume that property for the purpose of expelling the fœtus; which accomplished, they undergo fatty molecular histolysis and disappear."

I think it is pretty well known to those who have paid much attention to the conduct of the uterus during pregnancy, that the uterus has undoubtedly the power of contracting throughout the whole of pregnancy—at least as soon as it is to be felt above the pubes, and that at almost all times it can be felt in the act of contracting and relaxing alternately at not very distant intervals, frequently of five, ten, or twenty minutes; so that I know no more sure sign of intra-uterine conception, be it normal or the contrary, than this, excepting, of course, the fœtal heart-sounds when a living fœtus be present. Besides this, even the unimpregnated uterus is in a state of constant readiness to contract upon any exciting cause; as witness the expulsion of tumours from its walls, and of polypi from its cavity. This property serves to explain numerous circumstances, otherwise ambiguous, which occur in the various states of the uterus.

I am, Sir, yours &c.,

J. BRAXTON HICKS, M.D. Lond., F.R.S.

Wellington-street, London-bridge, Feb. 1863.

THE ARMY MEDICAL DEPARTMENT.

To the Editor of THE LANCET.

SIR,—Having read with much satisfaction your able and eloquent support of the Medical Department of the Army in some recent numbers of THE LANCET, I am emboldened to forward to you this letter, with the hope that you will be pleased to insert it in your valuable journal.

There can be little doubt but that you have taken a correct view of the ante dating of Staff Assistant-Surgeon Becher's commission. Such a deed was a gross injustice to the other assistant-surgeons of the army thus made junior to him; but I trust those medical officers will take speedy measures to have this act cancelled, for, if permitted to pass unnoticed, it would form a precedent for future aggressions of this nature. When such injuries and insults are inflicted on the Department with impunity, is there any wonder in the number of resignations we see in every military gazette of assistant-surgeons? Only the other day an assistant surgeon resigned his commission, though informed by the Director-General that if he remained in the Service he would be allowed a perpetual stationary appointment in England, thereby avoiding foreign service; yet, notwithstanding this great boon, it was rejected by him, preferring civil practice, with all its vicissitudes, to the questionable advantages of military life. Again, I understand at the ensuing competitive examination this month for Army assistant surgeons, there are only "ten" applicants for "forty" vacancies. Does not this speak volumes of itself? How can the Service become so unpopular if there is not something rotten in the management of its affairs? Let us search a little further, and we will gradually unfold the decaying root of the tree; for the more we inquire the less we will have to admire. There is what is called a "roster" kept at the Army Medical Office of army medical officers on the staff at home for foreign service, but we find the words "exempt from foreign service" opposite certain names. Why, we ask, should this be? What have they done to merit this favour? There is more than one staff surgeon at the Army Medical Office who has not been abroad since 1856, on their return from the Crimea; we find another at Chatham who returned from Turkey in 1854, his last foreign service, while during these periods several staff surgeons have had their tour of duty in India, China, and Canada. Is not a roster, then, under these circumstances, a mere farce—a blind to satisfy the prejudices and gratify the wishes of the Director-General at the expense of meritorious officers? Any one will say this is bad enough; but does favouritism end here? I think I shall be able to prove not. We must go a little further, for the noble working of the Army Medical Department is deep, and requires to be unravelled with care to have a clear perception of its beauties. Will our non military friends credit the fact that there is at this moment a regimental surgeon doing staff-duty at the Camp at Aldershot who has been nominally in his regiment for the last five years, but who has not done one hour's duty with that regiment? He was even permitted to remain at home in his present station, though his corps went abroad on active service. Is not this monstrous? May I ask, is not this favouritism in its most repulsive aspect? How are acts of this kind to be defended by the laws of impartiality, or the commonest principles of justice? However, I am credibly informed that more than one surgeon intends bringing this case forward as a precedent, should they, from sickness or other causes, have occasion to remain at home when their regiments go on foreign service. This is a point which cannot be evaded.

Such is a brief outline of the discontent prevailing in the Medical Department of the Army under the "able and impartial" management of Dr. James Brown Gibson, C.B., Director-General.

I am, Sir, your obedient servant,

Feb. 1863. A MEDICAL OFFICER.

ALLEGED CONSULTATIONS WITH HOMŒOPATHS.

To the Editor of THE LANCET.

SIR,—In reply to Mr. Coombs' letter, which appeared in your journal of last week, I reassert that I have declined meeting him in consultation solely on account of his practising homœopathy. Whether Mr. Coombs was made aware or not of that fact appears to me very unimportant. My being accidentally present with him by the side of a man dying from cerebral apoplexy in a public-house is construed by Mr. Coombs into a consultation. The fact is, I took the case in hand, and treated it entirely upon my own responsibility, and, at the request of the friends, saw the patient a second time *alone*. On the first occasion, Mr. Coombs certainly rendered assistance in spreading sinapisms, and doing other acts of kindness, for which I felt obliged; but there was no consultation. The patient was neither Mr. Coombs' nor mine—he was a club-patient of another medical man in the town, who was first sent to, but was from home.

I would with you, Mr. Editor, ask Mr. Coombs whether he does not now practise, or has never practised homœopathy, for in his letter he appears studiously to blink this question? If wishing to cultivate a "good understanding and pleasant feeling" amongst the members of the medical profession of this neighbourhood, the hand extended in fellowship must be ungloved of homœopathy.

I am, Sir, your obedient servant,

Bedford, Feb. 1863. H. W. SHARPIN.

MR. HENRY SMITH'S HÆMORRHOIDAL CLAMP.

To the Editor of THE LANCET.

SIR,—You will oblige me by supplying an important omission in your report of the proceedings of the Medical Society of London of January 12th, at which meeting I exhibited my hæmorrhoidal clamp, and pointed out the differences between it and the one originally introduced by Mr. Curling. I not only, as your report correctly states, pointed out the main distinctive features in the construction of the instrument, but I particularly insisted that my clamp was constructed and used for the purpose, not only of fixing the hæmorrhoidal tumour in order that it might be cut away, but of thoroughly arresting hæmorrhage during the time that nitric acid or the actual cautery was being applied to the divided surface.

Mr. Curling's instrument, on the other hand, was constructed with the object simply of seizing and confining the tumour whilst nitric acid was being applied, and not with the view of preventing hæmorrhage after removal of the disease by the scissors; hence the modifications I thought fit to introduce.

I remain, Sir, your obedient servant,

Caroline-street, Bedford-square, Feb. 1863. HENRY SMITH, F.R.C.S.

GIBBON *VERSUS* BUDD.

To the Editor of THE LANCET.

SIR,—I wish Dr. Gibbon had concluded his correspondence on this case without alluding to me, or obliging me to contradict and refute every point in that allusion. He was present at the trial, and, I presume, heard me declare in my sworn evidence to the court, that I was called in by Mr. Budd and by his family, and consulted by him; that I was paid partly by him, and by his executor; and that I knew Dr. Burrows had paid him one visit.

I also stated this to Dr. Gibbon himself when he called on me for information before the trial.

While I attended Mr. Budd between the 17th of October and 9th of November, he told me that he was not then, nor had been lately, under the care of any other medical man, excepting the visit of Dr. Burrows, of which he told me himself. He named others who had attended him, but not Dr. Gibbon. Mr. Budd's statement to me, that I alone attended him at that time, is corroborated by the fact of Dr. Gibbon having failed to show at the trial that he prescribed for him on the 14th of October and the 1st of November—two dates for which he claimed—about and during the time he was under my care, when he was in a most dangerous state, and required active treatment and improved regimen.

I regret, Sir, to take up your valuable space with a merely personal and unimportant matter.

I am, Sir, your obedient servant,

Thurloe-square, Feb. 1863. P. MARTYN, M.D. Lond.

THE ACTION OF THE ERGOT OF RYE ON THE UTERUS.

To the Editor of THE LANCET.

SIR,—Permit me to say a few words in reply to Dr. Gill's letter in THE LANCET of Feb. 7th.

The question which I discussed in my paper in THE LANCET of Jan. 17th was—"On what is the uncertainty of the action of ergot dependent?" It seems to be doubted by Dr. Gill that this uncertainty exists. If this be so, there can be no necessity for considering the further question—"What is the cause of the uncertainty?"

I believe, however, that there are few obstetric practitioners who have not found that the action of the drug is very frequently uncertain and most disappointing. Whether the surmise that I have put forward, that the action of ergot is dependent (I have not said dependent *alone*) on the nausea and vomiting often set up by its administration, and that this explains the uncertainty—whether this surmise prove to be correct or not remains to be seen; and, so far as I am aware, facts sufficiently accurately and fully recorded to determine the point are not at present accessible. That ergot is frequently given without producing vomiting or nausea at all I am quite aware.

I would repeat that, so far as my own observations enable me to judge, the ergot (given in the form of infusion or decoction of the fresh powder) is extremely uncertain; and further, in cases where labour has appeared to be expedited by it there have been nausea and vomiting. I have stated previously that these observations are insufficient in number to give them any great scientific value in the determination of this question, and at present, therefore, I have nothing more to say as to the question of fact. The further consideration of the matter in its wider bearing I hope to be able shortly, with your permission, to resume in your pages.

I am, Sir, yours obediently,

Berkeley-square, Feb. 1863. GRAILY HEWITT, M.D.

HEALTH ASSURANCE OFFICES.

To the Editor of THE LANCET.

SIR,—Whilst no one would hesitate in agreeing with your correspondents, Dr. Bryan and others, that great benefit would accrue to the profession and to individuals if medical men more generally availed themselves of the advantages derivable from assurance against sickness as well as death, it must nevertheless be a doubtful question whether any society embracing the whole of the kingdom could be formed and efficiently carried out for a lengthened period, at a moderate expense, owing to the necessity which would arise, under such circumstances, for the maintenance of a large staff of paid agents, as the time and attention required for certain matters—such as inquiries into particular cases, &c.—would most probably overtax the energies of honorary officers.

This objection would not hold good, however, in the instance of societies occupying a more limited sphere of action—two or three counties, for example—in which smaller area the medical practitioners would be well acquainted with each other, so that the affairs could be easily managed by a properly constituted unpaid board, elected by the subscribers.

Societies for charitable purposes, confined to the medical profession, already exist in the counties of Middlesex, Kent, Essex and Herts, Lincolnshire, Yorkshire, and Warwickshire; and the addition of a few more regulations would convert each of these into such a society as is indicated by your correspondents, as the subscription to a sick fund could be left optional to the members. In other localities, the united action of some of the resident medical men would soon give stability to similar institutions.

I am, Sir, your obedient servant,

Doughty-street, Feb. 1863. WILLIAM ABBOTTS SMITH, M.D.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

I RECEIVED a few days ago the following communication from the head of the house of Swann and Co., the manufacturers of hypophosphite salts, and I think that the observations which accompany this gentleman's letter embody a considerable amount of practical interest:—

SIR,—You applied to us some time since for information with reference to our method of manufacturing the hypophosphites, remarking at the same time that these salts had not proved so successful in the hands of many other practitioners as they appeared to have been in the hands of Dr. Churchill. I enclose you a few remarks on the subject, which may tend to explain chemically the difference in the results.

I am, Sir, your obedient servant,

H. H. SWANN.

Laboratory, 12, rue Castiglione, Paris, Feb. 7th, 1863.

"Since the year 1855, when Dr. Churchill first presented to the French Academy of Medicine his 'Memoirs on the Treatment of Consumption by the Hypophosphites,' we have applied ourselves specially to the preparation of these salts, and, consequently, our experience on the subject has been very extensive. We are enabled to state that in almost every instance in which we have examined specimens of the hypophosphite of lime and soda, as usually employed, we have found these salts to be impure. The hypophosphite of soda has been alkaline in reaction, containing sometimes free alkali, not unfrequently carbonate of soda.

"The salt of lime has contained smaller or larger quantities of free lime, phosphate of lime, and occasionally carbonate of lime. Now, the salt recommended is a *neutral* salt, and the fact has been particularly insisted on that the value of these drugs depends upon the hypophosphorous acid, and not upon the base with which it is combined. In the preparation of our salts we follow the plan indicated in Dr. Churchill's work, taking care to pass a current of carbonic acid gas through the hypophosphite solution in order to dissolve any free lime that may remain, and then by boiling the liquid we get rid of the excess of carbonic acid, and precipitate the carbonate of lime. This solution filtered will, if prepared with *pure* lime, and *pure* phosphorus, be found to constitute a 'liquor calcis hypophosphitis' perfectly neutral, and free from extraneous ingredient. By means of the areometer, the quantity of salt in a given measure of this liquid can be readily ascertained, and the result verified by evaporation to dryness, and weighing of the residue. The above remarks apply equally to the hypophosphite of soda, which we prepare by double decomposition, the dosed solution of lime being added in excess to a solution of carbonate of soda, care being taken that the alkali, which appears to be prejudicial to the therapeutical action of the hypophosphites, be entirely neutralized.

"We should recommend chemists to dispense from the dosed solutions of these drugs, and not from the dry salts, the solutions being kept in small bottles in order to avoid the risk of decomposition by exposure to the air. We have found that the addition of sugar, provided it be perfectly free from lime, by cold maceration, prevents decomposition, and have now by us syrups prepared five years ago which are in a perfect state of preservation. The hypophosphites of quinine and manganese we prepare from hypophosphorous acid, obtained by decompos-

ing the hypophosphite of lime by means of sulphuric acid." The salt produced with the last-named base is much used in Paris at present as a substitute for the various ferruginous preparations, and is highly spoken of.

Paris, Feb. 1863.

Medical News.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on the 16th instant, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Barrett, John James, 29, Merrick-square.
Bartlett, Joseph James Henry, Ludbroke Lodge, Notting-hill.
Beigel, Hermann, M.D., 19, Woburn-place, Russell-square.
Blatherwick, Charles, M.D., Highgate.
Elliot, Richard Luscombe, Kingsbridge, Devon.
Joannides, Anastasius, M.D., 23, Chepstow-place, Bayswater.
Jones, William, Ruabon.
Lovegrove, Washington, 34, Dowgate-hill.
Padley, George, Swansea.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations at a meeting of the Board of Examiners in Dental Surgery on the 18th inst., received the diploma of qualification to practise:

Brown, John Henry, Brighton.
Cox, Edwin, Chapel-street, Preston.
Fox, George Frederic, Gloucester.
Hatfield, John Hewitt, Lloyd-square, Pentonville.
Holford, John James, Princess-street, Cavendish-square.
King, Edwin Holboro Green, Portsmouth.
Kirby, Samuel Amos, Huntingdon.
Moore, William Vanderkemp, Plymouth.
Rowe, Henry Robert, Preston.
Surenne, James Gabriele, M.D. Edin., Heriot-row, Edinburgh.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 12th inst.:—

Beadles, Arthur, Broadway, Worcestershire.
Bothwell, George Granville, Ruthmullan, Ireland.
Lyon, Isidore Bernadotte, 20, Euston-square.
Osmond, Thomas, Thorpe-le-Soken, Essex.
Ryder, Francis James, Royal Kent Dispensary.
Williams, Thomas Edward, St. Bartholomew's Hospital.

The following gentleman also on the same day passed his first examination:—

Low, Alexander James, St. Bartholomew's Hospital.

THE HALIFAX INFIRMARY is about to be considerably enlarged.

TYPHUS FEVER IN PRESTON.—Typhus fever is very prevalent in Preston. The disease appears in all parts of the town.

MORTALITY OF MELBOURNE.—Of 225 deaths in the third quarter of 1862, 112 were males, and 113 females: 97 were children under five years of age.

A VETERAN MEDICAL JURIST.—Casper, the Professor of Legal Medicine at Berlin, a few weeks ago celebrated a remarkable day in his long and laborious scientific career—that on which he performed his thousandth medico-legal autopsy.

THE CARMARTHEN LUNATIC ASYLUM. — Thirty-two building firms have sent in tenders for the erection of this building, ranging from £24,950 to £45,944. The lowest tender, that of Messrs. Pollard, Taunton, and Co., was accepted.

SEXAGENARIANS IN THE HOUSE OF COMMONS.—There are fifty-seven members in the House of Commons who claim to be entirely exempted from serving on committees on account of being more than sixty years of age.

ESSEX-HALL ASYLUM FOR IDIOTS.—Sir Morton Peto, M.P., has offered the whole of the Essex-hall property as an asylum for idiots, at one-third of the cost price, on condition that subscriptions be raised for the purchase. The completion of the purchase may stand over for three years, if wished. A large amount has already been subscribed.

THE SOUTH DEVON AND EAST CORNWALL HOSPITAL is being enlarged by the erection of a new wing, at an estimated expense of £2300, of which £1000 has been already raised. £500 has been appropriated from the permanent funds of the institution, leaving £700 still to be provided by public subscriptions. At the last annual meeting all the medical officers were re-elected for a further period of five years.

PROPOSED HOSPITAL AT SHERBORNE.—The Yeatman Memorial Committee have proposed to found an hospital at Sherborne. An influential meeting was held on Friday last, when the Committee decided on adopting prompt measures for carrying this intention into effect.

HEALTH OF ROTHERHAM.—Scarcely had the late fatal epidemic subsided ere another, less fatal but as widely spread, has taken its place. In November last several persons were attacked with jaundice, and now not less than 150 persons are suffering from it. None of those who were attacked by the late fever are suffering from the present epidemic.

CORONERS' INQUESTS.—From a return just published, it appears that during the year 1861 and the first six months of 1862, 5113 coroners' inquests were held in England and Wales. Of these the metropolitan district had by far the largest share, 1549; the next largest, Lancashire, having 758. In one county, Merioneth, no inquest was held; in Cardigan and Pembroke respectively only one took place, in Radnor two, and in Rutland five.

SCOTTISH MEDICAL PROTECTION ASSOCIATION. — A meeting of the medical profession was held at Glasgow on Friday, the 13th instant, "to consider what should now be done in reference to procuring a repeal of the law under which the profession in Scotland are compelled to grant certificates of the cause of the death of their patients," which resulted in the formation of the above Association. Dr. Thomson was appointed President, Dr. Walker Secretary, and Dr. M'Carron Treasurer.

COCA.—This Peruvian plant (Erythroxylon Coca) has been recently subjected to a minute physiological investigation by Dr. Reiss, who has tried its effects upon himself. He commenced by taking one gramme of the powder early in the morning, increasing the dose to three grammes during the day, taking it every two or three hours. The result was, that the nervous system was considerably stimulated, the cerebral functions rendered more active, while the pulse was unaffected. The recipe for the elixir is,—Coca leaves, 100 grammes; alcohol, 700 grammes; sugar, 300 ditto.

A TERRIBLE EPIDEMIC has broken out in Plymouth, Indiana, completely baffling all efforts of the local physicians, and carrying off every patient in a few hours. There are no symptoms indicating its approach. The patient is attacked with a chill, and thinks he has an attack of the ague; but, as soon as the chill is over, the patient sinks into a stupor, from which he rarely revives. The muscles are rigid; the pupil of the eye is insensible either to light or touch; the surface of the body is extremely tender and sensitive; the head is drawn back, the jaws are fixed, and the breath is drawn forcibly, with a hissing sound, as if by great effort, through the closed teeth; the patient is blind and deaf.—*Montreal paper.*

CALCUTTA.—"We receive repeated and earnest inquiries," says the *Friend of India*, "on the subject of the amalgamation of the medical services and the publication of the Staff Pay Code. As to the former, we believe, the Government of India are quite as ignorant as the public. From mail to mail a decision is expected, but as yet not the slightest indication has reached Calcutta from England as to what scheme of medical amalgamation the Home authorities propose to adopt, nor when the question will be settled. This much only is as certain as anything about which Sir C. Wood and the Horse Guards are disputing can be, that the scheme adopted will not, in its main outlines, be Colonel Balfour's. Meanwhile the suspense in which Indian surgeons are kept, and the continued denial to both services of the substantial benefits of the Royal Warrant, are as disgraceful to the English authorities as the delay in paying the Indian prize-money. Were Parliament sitting a few well-put questions might secure justice."

THE RAVAGES OF DIPHTHERIA in the northern counties of Vermont during the past year were terrible. In Lyndon, with a population of 1800, 150 died—nearly every case of diphtheria. Whole families were swept away. One family of four beautiful children, with their young mother and her sister, were carried away in the course of a few days. In Danville, where the usual list of mortality seldom exceeds 30, last year it went up to 130. In Burke, one family of four children was annihilated, with the exception of the father, in thirteen days. A lady living in Stewartstown, N.H., lost fourteen cousins in the town of Burke. The average length of sickness is three days, but in many cases the destroyer does his work in twenty-four and twelve hours.—*Montreal Gazette.*

DINNER TO THE LEEDS VOLUNTEER ENGINEERS.—On the 11th inst. a dinner was given by Colonel Gascoigne to the officers and privates of the Leeds Volunteer Engineers. 350 sat down in the Victoria Hall.

In reply to the toast of "The Surgeon and Assistant-Surgeon," Mr. Samuel Smith spoke as follows:—"On behalf of Mr. Brameld and myself, I beg to return thanks for the enthusiastic manner in which the last toast has been received. I feel that I am in a very proud position as Surgeon of this fine Regiment. If the medical officers in the army had possessed the same powers in 1854 and 1855 which they now have, a great amount of the disease and mortality which then took place would have been prevented; in proof of which compare the health and condition of the troops in our late war in China with the same in the Crimea. We are called non-combatants; but let me tell you, combatant officers, that it requires as much nerve, cool courage, and fortitude to tie a wounded artery in the midst of shot and shell (and this is often done) as it does to lead a forlorn hope, sword in hand. Who was it that saved the life of our present Commander-in-Chief at the battle of Inkerman?—who was it, when he was surrounded by the enemy, collected a few men and charged, to extricate him? Was it a captain, a lieutenant, or a sergeant? No. It was a non-combatant medical officer, Mr. Wilson, who afterwards received the thanks of the Duke on the field. Who was it who *alone*, out of an entire army, fought his way through the enemy and arrived at Jellalabad, after the disastrous retreat from Cabul, when every other man was either killed, wounded, or taken prisoner? There is sitting at this table a fine old veteran, our Adjutant, who saw Dr. Brighton, surgeon of the 44th regiment, enter the gates of Jellalabad, his sword broken, his arm severely wounded, and his horse dying from wounds and fatigue. I could mention many other instances of the same kind, but at this late hour of the evening it would not be in good taste to detain you any longer, excepting by once more thanking you for the honour you have done us."

ODONTOLOGICAL SOCIETY OF LONDON.—At the annual meeting of this Society, held on the 5th ult., the following gentlemen were elected as officers for the year 1863:—President: Samuel Cartwright Esq.—Vice-Presidents: (Resident), Edwin Saunders, Esq.; T. A. Rogers, Esq.; W. A. N. Cattlin, Esq.; (Non-resident), Robert Brookhouse, Esq., Manchester; C. Spence Bate, Esq., Plymouth; W. K. Bridgman, Esq., Norwich.—Treasurer: Arnold Rogers, Esq.—Librarian: J. B. Fletcher, Esq.—Hon. Secretaries: (For foreign correspondence), Alfred Canton, Esq; (Ordinary), Alfred Coleman, Esq.; Charles Vasey, Esq.—Councillors: (Resident), J. R. Mummery, Esq.; W. A. Harrison, Esq; J. Deacle Saunders, Esq.; G. A. Ibbetson, Esq.; W. Crampten, Esq.; Charles James Fox, Esq.; James Parkinson, Esq.; Nathaniel Stevenson, Esq.; Isaac Sheffield, Esq.; (Non-resident), George Parkinson, Esq., Bath; Richard White, Esq., Norwich; David Hepburn, Esq., Edinburgh; Edward Vizard, Esq., Scarborough; Charles Deeble Rogers, Esq., Newberry.

JUNIOR MEDICAL SOCIETY OF LONDON.—The last meeting of this Society was held at the Whittington Club, Arundel-street, on the 20th ult., Dr. Edward Harvey, of St. George's Hospital (Vice-President), in the chair. The following pathological specimens were then exhibited:—

Dr. Deck (President of the Society) showed an interesting specimen of Cancer of the Omentum. The patient from whom it was taken had been under the care of Dr. Bristowe in St. Thomas's Hospital for ovarian disease.

Mr. Foxon, of St. George's Hospital, showed a Nutshell which had been Impacted in a Bronchial Tube for some time.

Mr. Kempthorne, of King's College Hospital, showed a Phosphatic Concretion removed from a Tonsil.

Mr. H. Cooper, of St. George's Hospital, then proceeded to read a paper on "The Treatment of Typhus and Typhoid Fever." Mr. Cooper remarked that the great distinction drawn by Jenner between these two forms of fever has been well marked at St. George's during the last three years, and more especially within the last twelve months: the rose spots co-existent with restlessness, but no delirium, as indicative of typhoid, and the mulberry rash, with delirium or stupor, as seen in typhus. No specific has yet be found to cut short the ordinary duration of the disease, and thus contradict the saying of Pitcairn—that you may guide a fever, but cannot cure it. Emetics have been found useful by Dr. Chalmers. Out of sixty cases of fever which have occurred at St. George's Hospital within the last three years, forty have been treated by stimulants, and twenty by cinchonising doses of quinine. The quinine was exhibited in scruple doses every hour for three successive hours, preceded by an emetic, or, if the patient were greatly prostrated, by a large dose of wine. This large dose of quinine was followed up by two grains every four hours until the patient was convalescent. If the pulse was not reduced by the first large dose, another scruple would be given on the second or third day following. In some, the cinchonism produced was of a much severer nature than in others, and in two cases the extreme depression that followed proved fatal. The pulse was generally reduced on an average 19 beats, and even in some cases from 120 to 80. In four out of seven cases in which one scruple was given on the day after the larger dose, the effect produced on the pulse was that of increasing its frequency rather than decreasing it. In the cases of typhoid treated by cinchonism, the diarrhœa seemed to be kept in check by it. In concluding, Mr. Cooper expressed his belief that alcohol is the only remedy upon which we can rely, and that we have in it one which will restore to the nervous system its power over the animal functions; but as there are many difficulties connected with its exhibition, it ought to be carefully handled, experience alone teaching us when to give it, and when it had better be omitted. In nearly all the cases treated at St. George's, wine was given on the first day, the amount varying from six to twelve ounces, according to the state of the patient.

An interesting discussion then ensued, in which Messrs. Dickson, Freeman, Hatherly, Kempthorne, Ledge, Sheers, Gervis, Deck, and Stephens took part.

RUSSELL VERSUS ADAMS.—At the conclusion of Professor Gulliver's oration at the College of Surgeons, *The Times* says,—"It deserves to be mentioned that as Mr. William Adams, surgeon to the Orthopædic Hospital, the late defendant in an action, which terminated in his favour, and which is now considered a gross conspiracy, entered the theatre, he received quite an ovation."

HOSPITAL CHANGES.—The impending appointment of Mr. Spencer Smith to the full Surgeoncy in charge of in-patients at St. Mary's Hospital, consequent on the retirement of Mr. Coulson, will cause a vacancy in the surgical staff of that institution. It is understood that Mr. G. G. Gascoyen, at present Lecturer on Anatomy and Dean of the Medical School of St. Mary's, and Surgeon of the Lock Hospital, will be a candidate to fill the vacancy, and as his claims are of a paramount nature for the appointment, his election will probably be unopposed. The election of Dr. Burdun Sanderson, Assistant-Physician at Middlesex Hospital, has caused a vacancy in the chair of Medical Jurisprudence in the St. Mary's School, for which Dr. Randall has announced himself a candidate.

SOUTH HANTS MEDICO-CHIRURGICAL SOCIETY.—The largest provincial medical society in the kingdom—now numbering ninety-one members—held its annual meeting, for the election of office bearers for the current year, at the house of Dr. Wiblin, on the 7th inst. The following gentlemen were elected:—President: Dr. J. S. Bushnan, of Laverstock House, Salisbury.—Vice-President: Dr. Wiblin, Southampton.—Secretary: Dr. Palk, Southampton.—Council: Dr. Osborne, Ritterne; Dr. Dyer, Ringwood; Dr. Welch and Mr. Bancroft, Southampton. On assuming the chair, Dr. Bushnan delivered a humorous speech. The paper of the evening, an elaborate and highly scientific discourse, "On the Advantages of Medical Associations for the Discussion of Professional Topics" was also read by Dr. Bushnan; and this the Doctor prefaced by stating that, descending from his high estate, casting aside his regal mask, doffing his mimic crown, and laying down his player king's sceptre, he addressed his numerous audience in his proper person, and as one of themselves placed by their kindness and goodwill in the enviable and honourable position of their president.

CAMBERWELL-HOUSE LUNATIC ASYLUM.—The proprietors of this establishment gave on Friday week one of their annual entertainments to their numerous inmates. The amusements consisted of music and dancing, both of which, and particularly the latter, the patients thoroughly enjoyed. The pleasurable feelings called forth did not subside with the evening, for the little incidents of the occasion formed a fertile theme of conversation for some days afterwards. Such gatherings, in which the inmates are allowed to mix freely with the visitors, cannot but exert a soothing and beneficial effect. Dr. Paul carries out thoroughly the modern treatment of the insane, and nothing can exceed the kindness and gentleness

with which those under his care are treated. He does not forget that those poor afflicted people possess all the feelings and affections of their saner brethren, from whom they differ chiefly in having "bees in their bonnets."

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, FEBRUARY 14TH.—In the week that ended last Saturday the deaths in London were 1346. Measles declined towards the end of January, and it continues less fatal than it was in autumn or at the beginning of this year. Scarlatina has also become rather less fatal; the deaths from it in the week were 69. Typhus (including typhoid fever, &c.) numbered 63 and 45 respectively in the last two weeks. The total number of deaths from small-pox was 23. The deaths from phthisis rose from 142 and 125 to 156; those from pneumonia from 54 and 62 to 69; those from bronchitis were 159, and exhibited hardly any variation.

The births were—boys, 1092; girls, 1016; total, 2108.

MEDICAL VACANCIES.

Chesterfield and North Derbyshire Hospital—House-Surgeon and Dispenser.
Preston Dispensary—Junior House-Surgeon.
South Shields and Westoe Dispensary—House-Surgeon.
South Staffordshire General Hospital—Physician, vice Dr. Wollaston, resigned.
St. Mary's Hospital Medical School—Lecturer on Medical Jurisprudence.
Towcester Union (Silverstone District)—Medical Officer.

MEDICAL APPOINTMENTS.

J. T. BRADSHAW, M.R.C.S.E., has been appointed Consulting Surgeon to the Huddersfield and Upper Agbrigg Infirmary, on resigning as Surgeon.
H. M. CHAMPNEYS, F.R.C.S.E., has been elected Medical Officer and Public Vaccinator for Districts Nos. 1 and 2 and the Workhouse, of the Battle Union, Sussex, vice Bransby C. Poile, M.R.C.S.E., resigned.
A. COLEMAN, M.R.C.S.E., has been appointed an Assistant Dental Surgeon to the Dental Hospital, Soho-square.
G. COWELL, M.R.C.S.E., has been appointed Surgeon to the St. George's and St. James's Dispensary, vice W. F. Teevan, F.R.C.S.E., appointed Surgeon to the West of London Hospital.
E. CRICKMAY, M.R.C.S.E., has been elected Medical Officer to the Weobley Union Workhouse, Herefordshire, vice G. Pearce, M.D., appointed to District No. 1 of the Market Harborough Union, Leicestershire.
W. F. FORSYTH, L.D.S. R.C.S.E., has been appointed an Assistant Dental Surgeon to the Dental Hospital, Soho-square.
S. J. GRAYDON, M.D., has been elected Medical Officer and Public Vaccinator for the Scotstown Dispensary District of the Monaghan Union, vice Dr. Shortt, resigned.
G. GREGSON, L.D.S. R.C.S.E., has been appointed an Assistant Dental Surgeon to the Dental Hospital, Soho-square.
F. C. G. GRIFFIN, of Weymouth, B.A. of Lincoln College, Oxford, has been elected to the Radcliffe Travelling Fellowship.
H. H. HAYWARD, M.R.C.S.E., has been appointed an Assistant Dental Surgeon to the Dental Hospital, Soho-square.
CHRISTOPHER HEATH, F.R.C.S.E. (exam.), has been elected full Surgeon to the West of London Hospital and Dispensary, Hammersmith, vice Ernest A. Hart, appointed Ophthalmic Surgeon to St. Mary's Hospital, Paddington.
A. HILL, L.D.S. R.C.S.E., has been appointed an Assistant Dental Surgeon to the Dental Hospital, Soho-square.
WM. J. HUNT, L.R.C.P.Ed., Assistant Officer of the Worcester County Asylum, has been appointed by the Court of Chancery Medical Superintendent and Manager of the Hoxton House Lunatic Asylum.
S. LODGE, L.R.C.P.Ed., has been appointed Medical Officer for the Bowling District of the Bradford Union, Yorkshire, vice Arthur N. Holmes, M.D., deceased.
C. M. MELLER, M.D., has been elected Medical Officer and Public Vaccinator for the Walham-green District of the Fulham Union, Middlesex, vice Fitzgerald P. Horton, L.S.A., deceased.
T. W. NUNN, F.R.C.S.E., has been appointed additional Surgeon to the Middlesex Hospital, vice Mitchell Henry, F.R.C.S.E. (exam.), resigned.
J. PELLY, L.R.C.S.I., has been elected Medical Officer and Public Vaccinator for the Eyrecourt Dispensary District of the Portumna Union, Co. Galway, vice T. Morgan, L.R.C.S.I., resigned.
WM. B. PROCTER, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the South District of the Bradford Union, Yorkshire, vice J. L. M'Michan, C.M., resigned.
E. RUSSELL, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the sixth District of the Parish of Liverpool, vice F. Ayrton, M.D., resigned.
J. C. SAVERY, M.R.C.S.E., has been appointed Medical Officer for the second District of the Hastings Union, vice J. T. Penhall, M.R.C.S.E., resigned.
T. SIMPSON, M.D., has been elected Consulting Physician to the York County Hospital, on resigning as Physician.
W. E. SWAINE, M.D., has been elected Physician to the York County Hospital, vice Simpson, resigned.
J. WALKER, M.D., has been appointed an Assistant Dental Surgeon to the Dental Hospital, Soho-square.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

F. O. BARKER, M.D., Staff Surgeon, has been appointed Surgeon to the 90th Foot, vice W. Lansley, appointed to the Staff.
W. W. HAYNES, M.R.C.S.E., Staff Surgeon R.N. Feb. 28th, 1844, has been appointed to the "Indus" for service in the "Canopus."
C. P. COSTELLO, L.R.C.S.Ed., Assist.-Surg. 2nd Punjaub Infantry, has been appointed to medical charge of detachment of 5 at Foot; Head Quarters and 3 guns, No. 2 Punjaub Battery; detachment 4th Punjaub Cavalry; 6th Punjaub Infantry, and Civil Establishments and Dispensary, consequent on departure of Assist.-Surgs. T. Sheehy and G. Burnside.
E. CRIPPS, M.R.C.S.E., has been appointed Assist.-Surg. to the Royal North Gloucestershire Regt. of Militia, vice Eland, removed from the strength of the Regiment.
J. W. CROW, M.R.C.S.E., Staff Assist.-Surg., has been appointed Staff Surgeon, vice A. Morphew, appointed to the 1st West India Regiment.
P. DIGAN, M.D., Surgeon R.N. Oct. 22nd, 1851, has been appointed to the "Castor."
H. H. JONES, M.D., Staff Surgeon on half-pay, has been appointed Surgeon to the 86th Foot, vice J. Sawyers, M.D., deceased.
W. LAPSLEY, L.R.C.S.Ed., Surgeon 90th Foot, has been appointed Staff Surg., vice Barker, appointed to the 90th Foot.
L. H. LEES, M.D., Assist.-Surg. Bengal Service, has been appointed to the medical charge of the Depôt at Cheerat (temporarily), vice Assist.-Surg. C. Cameron.
E. LEIGH has been appointed Assist.-Surg. to the Royal Sark Light Infantry Militia.
A. E. T. LONGHURST, M.D., Assist.-Surgeon 13th Foot, has been appointed Staff Assist.-Surg., vice Teevan, placed on half-pay.
T. E. P. MARTIN, M.R.C.S.E., Assist.-Surg. Bombay Service, has been appointed Acting Civil Surgeon, Ahmednuggur.
T. MAUNSELL, L.K.Q.C.P.I., Staff Assist.-Surg. Indian Service, has been appointed to do duty with the Detachment of 92nd Gordon Highlanders at Dum Dum, relieving Assist.-Surg. Skinner of that Regiment, ordered to England.
W. NIVEN, Assist.-Surg. Bombay Service, has been appointed Acting Port Surgeon, Bombay.
F. OAKES, Staff Assist.-Surgeon, has been appointed Staff Surgeon, vice Wm. Skeen, appointed to the 4th West India Regiment.
T. W. ORWIN, M.R.C.S.E., Assist.-Surg. R.N. March 13th, 1860, has been appointed to the "Cumberland" (additional).
W. H. PRICE, M.R.C.S.E., Assist.-Surg. 80th Foot, has been directed to assume the medical charge of the Kussowlie Depôt, Bengal Presidency.
T. G. SEARDON, M.R.C.S.E., Assist.-Surg. Bengal Service, doing duty with H.M.'s 20th Hussars, has been posted to that Regiment, vice Assist.-Surg. Reid, proceeding on furlough.
R. B. SUTLEFFE, Surgeon Madras Service, having completed twenty years' service in India, has been promoted to Surgeon-Major.

Births, Marriages, and Deaths.

BIRTHS.

On the 27th ult., at Claverton-street, Bath, the wife of Owen Tucker, M.R.C.S.E., of a daughter.
On the 2nd inst., at Roseville, Rhynie, Aberdeenshire, the wife of J. G. Smith, M.D., of a daughter.
On the 8th inst., at Yalding, Kent, the wife of A. Pout, M.B., of a daughter.
On the 10th inst., at King's-park-place, Glasgow, the wife of Dr. J. M'Intyre, of a daughter.
On the 11th inst., at Langloan, Coatbridge, Lanarkshire, the wife of C. Adams, M.D., of a daughter.
On the 11th inst., at Carnoustie, Forfarshire, the wife of Dr. Dickson, of a daughter.
On the 13th inst., at Brook-street, Grosvenor-square, the wife of Wm. Brinton, M.D., of a son.
On the 14th inst., at East Hothly, Sussex, the wife of H. C. Holman, M.R.C.S.E., of a son.
On the 15th inst., at Meissen House, Upper Clapton, the wife of A. R. Shaw, M.D., of a son.
On the 17th inst., at Plough-road, Rotherhithe, the wife of J. J. Cregeen, M.D., of a daughter.

MARRIAGES.

On the 20th of Dec., at Guildford, Western Australia, A. R. Waylen, M.D., to Elizabeth Louisa, second daughter of the Hon. J. W. Harley, M.L.C.
On the 2nd inst., at Ashburton, C. G. Sprague, M.R.C.S.E., to Sarah Cossins, only daughter of James Chalker, Esq.
On the 5th inst., at Lustleigh, G. J. Symes Saunders, M.B., to Laura, second daughter of E. Jeffery, Esq.
On the 10th inst., at Kirkpatrick-Durham, A. Wyllie, M.D., of Walsall, to Margaret Johnston, eldest daughter of Geo. Carruthers, Esq., of Durham-hill.
On the 14th inst., at Hanover-square, E. Hare, Surg.-Major H.M.'s Indian Army, to Mary Ann, only child of R. Wood, Esq., of Albion-road, St. John's-wood.
On the 16th inst., at Dublin, E. J. O'Neill, M.D., to Bessie Mary, youngest daughter of the late C. Gardiner, Esq., of Glen Lodge, Co. Sligo.

DEATHS.

On the 22nd of Dec., at Sydney, New South Wales, F. J. Chaldecott, M.D., aged 37.
On the 30th of Dec., at Chilaw, Ceylon, J. C. Vansandau, Medical Assistant, of Calpentyn.
On the 5th ult., at Scawby, J. A. Douglas, Surgeon, aged 82.
On the 20th ult., at Toronto, Upper Canada, Frank Bull, M.D., aged 31.
On the 31st ult., at Billeadon, John Atkin, Surgeon.
On the 10th inst., at Cawdor-place, Oban, Arch. Campbell, M.D., of Lerags, aged 51.
On the 11th inst., at Merthyr, Job James, Surgeon, J.P. for the Borough, formerly Surgeon R.N., aged 75.
On the 15th inst., at Ladbroke place West, Notting-hill, John Thomas, M.R.C.S.E., formerly Resident Medical Officer of Bethlehem Hospital.

BOOKS ETC. RECEIVED.

Mr. Dunn's Medical Psychology.
Dr. Shea's Manual of Animal Physiology.
Mr. Ladd on the Consumptive Poor of South London.
Dr. Savage's Illustrations of the Surgery of the Female Pelvic Organs.
Dr. Bedford's Principles and Practice of Obstetrics. Third Edition.
Montpellier Medical Journal "Mensuel de Médecine."
Report on the Health of the Parish of St. Marylebone.

Medical Diary of the Week.

MONDAY, FEB. 23

LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8½ P.M. Lettsomian Lectures: Mr. Thomas Bryant, "On the Diseases of the Osseous System, and on Tumours, &c."

TUESDAY, FEB. 24

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Prof. Marshall, "On Animal Mechanics."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Classification and Characters of the principal Groups of the Animal Kingdom."
ANTHROPOLOGICAL SOCIETY OF LONDON.—7½ P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.—8½ P.M. Mr. Longmore, "On Two Cases of Kelis." — Dr. Robert Lee, "On the Extent to which Human Life has been Prolonged or Abridged by Ovariotomy."

WEDNESDAY, FEB. 25

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL. — Operations 2 P.M.
ROYAL COLLEGE OF PHYSICIANS. — 5 P.M. Gulstonian Lectures: Dr. Pavy, "On the Amyloid (so-called) and Fatty Degenerations."
HUNTERIAN SOCIETY. — 8 P.M. Mr. Hutchinson, "On Herpes Zoster, a Pathological Riddle."

THURSDAY, FEB. 26

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M.
LONDON HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Dr. E. Frankland, "On Chemical Affinity."
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC. — 4 P.M. Dr. Brown-Séquard, "On the Diagnosis and Treatment of the Various Forms of Paralysis and Epilepsy."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Classification and Characters of the principal Groups of the Animal Kingdom."

FRIDAY, FEB. 27

WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
ROYAL COLLEGE OF PHYSICIANS. — 5 P.M. Gulstonian Lectures: Dr. Pavy, "On the Amyloid (so-called) and Fatty Degenerations."
ROYAL INSTITUTION.—8 P.M. Mr. John Lubbock, "On Ancient Lake Habitations of Switzerland."

SATURDAY, FEB. 28

ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION. — 3 P.M. Prof. Max Müller, "On the Science of Language."
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Classification and Characters of the principal Groups of the Animal Kingdom."

To Correspondents.

DR. HALL AND THE CLAYTON TUNNEL ACCIDENT.

Observer, (Brighton.)—The insertion of our correspondent's letter would effect no good. We do not consider that Dr. Alfred Hall acted unprofessionally in any way. He never offered a sum of money to any of the sufferers from the Clayton Tunnel accident. The amount of compensation and proper time for it were arranged by the *private medical attendant* and the injured party, and the duty of Dr. Hall, from a professional knowledge of the case, was to determine whether the sum demanded was reasonable, and such as the consultant of the Company would be justified in giving. *Dr. Hall was never appointed an agent to settle cases.* He was requested by the Company directly after the accident to visit the sufferers with the private medical attendant, and to render pecuniary aid where it was required to relieve urgent distress. The settlement of many cases necessarily arose out of the position in which Dr. Hall was placed. The remarks of the opposing counsel were most uncalled for and unjustifiable. We firmly believe Dr. Hall performed his duty conscientiously to all parties. The high position which he has attained in his profession, and the universal respect which he commands, will be sufficient to dissipate any ill-natured remarks that may be made upon his conduct.

A Constant Reader.—1. Indifferent. (*a*) We should think so.—2. There is no established practice. It is more courteous for the resident to call upon the newcomer.—3. The Medical Board of the Admiralty.—4. (*a*) There is no regular period for the examination. (*b*) The candidate receives information from the authorities if his name is on the books. (*c*) There is no definite period. (*d*) On Hygiene, Surgery, Medicine, and the collateral sciences.—5. He cannot enter the service after the age of twenty-six.—6. There are no distinct regulations under this head. Usually, however, they are appointed to some ship at an early period after examination. They receive half-pay when not on actual duty.—7. This, of course, will depend upon whether the ship is in harbour or not. — 8. The duties mentioned are somewhat less laborious in the Navy than in the Army. The chances of promotion are about equal in the two services.—9. We are not aware that there is any excess of candidates in the naval service from the cause mentioned.—10. Unless he comply strictly with all the regulations laid down, he will not be entitled to any pension whatever. A naval surgeon can retire from the service at any time he pleases.—11. (*a*) No. (*b*) Yes. (*c*) He can fulfil such engagement.

Proteus.—He will be qualified to act.

IF *Mr. Walter Rivington* will send us a communication of a reasonable length, and written in a proper spirit, it shall receive insertion.

TWIN BIRTH WITH PLACENTA PRÆVIA.

To the Editor of THE LANCET.

SIR,—Mr. Taylor, in his remarks on my case of "Twin Birth with Placenta Prævia," would lead your readers to infer that delivery was effected forcibly, rapidly, and the uterus too suddenly emptied of its contents, whereas the very reverse was the fact, and in no respect will my brief report bear any such construction.

It must be remembered that severe hæmorrhage for the *first time* at the close of pregnancy is, for reasons which I need not specify, highly dangerous; and, to say the least, uterine action is thereby considerably weakened, although the flooding may have a tendency to dilate the os. In my case six hours had elapsed without any attempt at manual interference; the pelvic cavity was capacious, perhaps above the average size; the os uteri dilated and dilatable; there was no pain, nothing to indicate uterine contraction, and the membranes were intact—conditions, one would suppose, not only favourable for turning, but I must think, with all due deference to Mr. Taylor, justifying such a measure. In the introduction of the hand, what may be called force was not required; for there was no rigidity, but the contrary, and I should deprecate it as much as anyone. After the removal of the placenta, a dose of ergot was administered, and fifteen to twenty minutes allowed to elapse before proceeding to ulterior measures, no pain occurring in the interval; the membranes were then ruptured, a foot quickly seized, and the child withdrawn, *not hastily*. Another short interval was given before having recourse to the extraction of the second fœtus, uterine contraction being still absent. The patient lived quite two hours from the commencement of operative proceedings, so that in any sense I do not see how the case could be called one of rapid delivery (some perhaps would say it was too slow).

My experience in midwifery has been rather extensive, conjointly with my brother reaching to nearly the number of cases of which Mr. Taylor has had cognizance, and consequently I have seen not a few of placenta prævia. We have always found prompt delivery by turning, judiciously practised, the most successful treatment both as regards parent and child, and in five successive cases attended by my brother, four mothers and three children were saved.

Far, however, be it from me dogmatically to assert my line of proceeding to be the best, although it previously answered well, and was certainly a sufficient warrant for treating others on the same principle. Mr. Taylor does not say whether he has had a similar event in his practice, and his limitation of turning in such cases to deformity, convulsions, and malposition of the child is certainly contrary to received ideas, and to the doctrines inculcated by at any rate some writers.

My patient was of a highly nervous temperament, and although she did not appear to suffer from exhaustion so much as would be supposed, yet expressed herself most anxious for delivery. That circumstance, however, had no undue weight with me, notwithstanding, I must confess, it made me feel still more my responsibility and dread of her sinking undelivered, in which case I fear some would have been ready to condemn me for not effecting artificial delivery.

With reference to the term "heroic," and the practice of the last generation, I entirely repudiate the former; and as to the latter, my plan is certainly and unmistakably in accordance with the recommendations of Dr. Tyler Smith and other eminent accoucheurs of the present day. Further, I cannot but believe that most of my professional brethren, in the trying circumstances in which I was placed, would have adopted similar means.

I am, Sir, your obedient servant,
Crowle, February, 1863. HENRY W. T. ELLIS, L.R.C.P. Ed.

M.R.C.S., (South Wales.)—The duty of a physician under such circumstances is clear and defined. He is not only not justified in visiting a patient to whom he has been called in consultation, but commits a breach of professional decorum which subjects him to the most severe reprobation. We trust that our correspondent may have been misinformed as to the conduct of the practitioner to whom he refers.

A Military Surgeon.—1 and 2. To the Colonial Secretary.

A Subscriber, (Suffolk.)—The composition of the quack medicine, respecting which our correspondent inquires, is not known.

M. A. B.—The powder shall be examined, and reported upon.

THE LATE MR. MATTHEW BLACKMAN.

To the Editor of THE LANCET.

SIR,—In recording the death of my brother, Matthew Blackman, last week, you entitle him L.S.A. only. This is probably owing to his name not being on the Medical Register. Will you allow me to supply his correct qualifications. He became a M.R.C.S. Eng., 11th August, 1858; L.M., 17th November, 1858; and L.S.A., 5th July, 1860. I am, Sir, yours obediently,
Whitstable, Feb. 1863. F. BLACKMAN, M.R.C.S.

A Subscriber.—1. Miss Nightingale on the Construction of Hospitals, in vol. i., 1858, of the "Transactions of the Society for the Improvement of Social Science;" General Report of the Commission for Improving the Sanitary Condition of Barracks and Hospitals, presented to Parliament in 1861; Dr. Roberton, of Manchester, on Hospitals; an able letter of Mr. Charles Hawkins in THE LANCET of July, 1862.—2. Messrs. Digby and Thomas Wyatt.—3. If our correspondent will inform us of his name and address, he shall receive some documents which will materially assist him in his inquiries.

Chirurgicus, (Hastings.)—There is no justification for such conduct. If breaches of etiquette of this kind are to be tolerated, we may well say "save us from our *friends*."

Dr. Philbrick suggests that a subscription should be opened to defray Mr. Adams' expenses in the late trial. Dr. Philbrick has expressed his intention of subscribing.

Mr. H. Maynard, (Durham.)—Our correspondent may refer to Glanville's "De Proprietatibus Rerum," art. "De Vulpe," cxli., liber decimos octavus, "De Animalibus," for information concerning the remedial use of oleum vulpinum. The edition before us is that of 1519, Nürnberg.

ON FOREIGN SUBSTANCES SWALLOWED BY INFANTS AND CHILDREN.

To the Editor of THE LANCET.

SIR,—In reference to the letter of "A Public Vaccinator" in your impression of last week, I beg to observe that I have known very many things much larger than the whistle he speaks of swallowed, and afterwards passed per anum, by infants and young children, with little inconvenience, and less medical treatment. Doubtless very urgent and dangerous symptoms, with fatal results, have followed the admission of foreign substances into the stomach and bowels; but I have not been so unfortunate as to see a fatal case. As a general rule, I think the less we interfere with the operations of Nature, in cases where adventitious bodies have been accidentally swallowed, the better, and I seldom do more than order a mixture of oil and mucilage to be taken by the little patient, which at least satisfies and quiets the fears of the parents and friends.

Amongst other things, I have known a bird-call, a large old-fashioned shanked coat-button, and a large boy's taw and a marble respectively swallowed and passed per anum in less than twenty-four hours without causing any inconvenience. Indeed I have now before me a farthing, a brass shanked button, and a halfpenny, which were swallowed and passed per anum; and I copy for your information the notes I made at the time and put away with them.

First, of the farthing, which is seven-eighths of an inch in diameter, and one-sixteenth of an inch thick, I find recorded that it was "swallowed by Mary Ann T——, aged six years, on Thursday afternoon, March 2nd, 1838, and passed per anum about eleven A.M. the next morning."

Secondly, the brass button, with its shank somewhat flattened, is seven-eighths of an inch in diameter, and three-sixteenths of an inch thick, was "swallowed about two P.M. on May 2nd, 1838, by Mrs. Sinclair's child, and passed per anum on May 3rd about three P.M."

Thirdly, the halfpenny, which is an inch and an eighth in diameter, and one one-half sixteenth of an inch in thickness, was "swallowed by Matilda Baillie, aged eight years, on the 11th October, 1838, and passed per anum on October 20th at eight P.M., having remained in the child for 207 hours, to the great alarm of its mother, but without injury to the little patient."

One voracious infant swallowed a large *red* cap-bow or rosette, which passed away in a few hours, crumpled up, and of a dirty-white colour. However, this case hardly deserves notice, though it may give rise to some chemical speculation. And now not to multiply cases,

I remain, Sir, very faithfully yours,

Margate, February, 1863. GEORGE YEATES HUNTER, M.D.

Mr. J. S. Bostock, (Horsham.)—Before such a communication can be published, full particulars of the case must be transmitted to us. Such practices are very objectionable; but it would be highly improper to make a public charge upon so grave a subject on mere hearsay evidence.

Fell. Obstet. Soc.—A private note has been sent.

Observer, (Regent-street.)—The manner in which the dentist named advertises is most unprofessional. The matter should be brought under notice in the proper quarter. Our space prohibits us from publishing the documents forwarded.

Omega.—Certain substances which are harmless to man, even in comparatively full doses, are poisonous to several of the lower animals. Turpentine, aloes, alcohol, pepper, and the common honeysuckle, whilst not injurious to the human species, act with virulence upon the dog, pig, and goat.

ARTIFICIAL TEETH.

To the Editor of THE LANCET.

SIR,—In your number for September 13th, 1862, a letter appeared on the subject of artificial teeth as a cause of illness, from a correspondent, "Enquirer." On the 20th you inserted a note from me in reply, in which some particulars of the case of a relative of mine were given. In a subsequent note, "Enquirer" expressed a wish to know the result of discontinuing the use of the teeth in my case. On September 26th my relative writes: "I will use the teeth as little as possible." Nov. 6th: "I am very much better. I do not feel sure the teeth are the cause of my long-continued indisposition, but it looks rather likely. Since you wrote to me on the subject, I have used them only at meal times." At the end of November she came to town to see the dentist, having broken the teeth. She was then much improved in appearance, and told me she had taken no astringent medicine for nearly a month. The teeth were mounted in brown vulcanite, and have been worn constantly since. I saw her early in January. She had then recovered, and was in her usual state of health, and has so continued. In my case the upper jaw only was furnished with "coraline," which may account for the symptoms proving less severe than in that of your correspondent, "Enquirer."

I remain, Sir, yours, &c.,

Berners-street, February, 1863. H. C. ROOME, M.D.

Robert Sawyer, M.D., Nom de Plume, and several other correspondents, have written to us respecting the late election of medical officer to the South District of the West London Union. They complain, we think justly, that the Board of Guardians have appointed a gentleman with one qualification only, upon the understanding that he shall qualify himself fully in two months. There were several other candidates fully qualified. The Poor-law Board has not yet confirmed the appointment, which, to say the least of it, appears very irregular.

Mr. Redfern Davies.—The communication on "Silver Wire" shall appear in our next impression.

C. L. must verify his experiments. Trousseau has shown that ligature of the œsophagus in itself is of so *fatal* a tendency as to cause death in twenty-four hours if the constriction be unrelieved. This fact necessarily invalidates all the results arrived at by Orfila and others from experiments on poisons retained by the means alluded to in the stomachs of animals.

PUBLIC LIBRARIES.

To the Editor of THE LANCET.

SIR,—Permit me to call your attention to certain defects in the regulations of our public libraries, which I think may fairly be termed obstructions to the progress of knowledge.

In my native city, Dublin, the libraries are both well kept and well selected; but the regulations are of the most narrow-minded character. The library of the College of Surgeons is not open to graduates of other Colleges, and in like manner that of the College of Physicians is reserved for its own members. It can hardly be expected that any one individual will at his own expense take in all the medical serials, and, if for no other purpose than that of ascertaining the current of contemporary literature, the use of a medical reading-room is a great boon to members of the profession; but many well qualified men are debarred by such regulations as I have mentioned from a kind of knowledge which should be accessible to all. Even with respect to modern works, the larger libraries do not meet the wants of professional readers. This is especially the case in those of Trinity College, Dublin, and of the British Museum, where the reader is unavoidably subjected to delay.

This very day I was detained one hour and a quarter in the British Museum reading-room, without having been able to obtain any one of three books which I asked for. The first was not in the library, the second could not be found, and the time consumed in looking for the other two left no time to obtain the third. Two of the tickets are enclosed in proof of what I say. The regulations of the British Museum are admirable; but a great mistake is committed in not subdividing it into at least half-a-dozen libraries. For when it is considered that the porter has often to walk half a mile in going for and bringing back a book, it is evident that such a library is of little use to those whose time is valuable. Your obedient servant,

EDWARD HAUGHTON, A.B., M.D.

Norfolk-villas, Westbourne-grove, Feb. 14th, 1863.

A Querist should remember that the "forecasts" of Admiral Fitzroy are offered as only the inferential *probabilities* of an as yet purely tentative branch of science. Viewed in this light they merit attention. To demand of them more than the author sanctions is the fault of the seeker, and not of the giver.

E. H.—It is contrary to our custom to insert the history of cases written by patients themselves. If the medical attendant of "E. H." will forward to us the particulars, they shall receive attention.

The Son of an Old Subscriber.—It would be impossible to give a satisfactory opinion without seeing the case, which appears, however, to be progressing favourably under the treatment employed.

H. H. should place himself under the care of his ordinary medical attendant. We cannot recommend the person named.

WE will endeavour to publish the report of the Obstetrical Society in our next number.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. T. K. Chambers; Dr. Fuller; Mr. Travers; Mr. Adams; Dr. Hicks; Mr. Hooper; Mr. Tate; Mr. Sheppard, Towcester; Mr. Parnell, Wolverhampton; Mr. F. Blackman, Whitstable; Dr. Parnell, Glasgow; Mr. Sharpin, Bedford; Mr. Douglas, Mitcheldean; Mr. Morton, Market Deeping, (with enclosure;) Mr. Rawle, Henley; Mr. Pilkington; Mr. T. Johnston, Belper, (with enclosure;) Mr. G. Goldie, (with enclosure;) Mr. Duncan, (with enclosure;) Mr. Powne, (with enclosure;) Mr. Stevens, Biggleswade; Mr. Tuckett, (with enclosure;) Mr. Farr, Hemel Hempstead, (with enclosure;) Mr. W. D. Moore, Wrotham; Mr. Hutchinson; Dr. Martyn; Dr. Corbould, Sydenham, (with enclosure;) Mr. Westlake; Mr. Lingen, (with enclosure;) Mr. Jackson, Padiham, (with enclosure;) Dr. Gill; Dr. Dovenish; Mr. T. Hunt, Oldham; Dr. Philbrick, Leamington; Mr. Hume, South Shields; Mr. Massey, Morriott, (with enclosure;) Mr. Walker; Mr. R. Owen, Wolverhampton, (with enclosure;) Mr. S. Earle, Birmingham; Dr. Stainthorpe, Hexham; Mr. Griffin; Mr. Smith, Dublin; Mr. Ryder, Petersfield; Mr. Herring, York; Dr. Moorhead, Weymouth; Dr. Burton, Ruabon; Mr. S. Highley; Dr. Haughton; Mr. Prescott; Mr. Hepworth, Altrincham, (with enclosure;) Mr. White, Salterton; Mr. Turner, Birmingham; Mr. Force, Exeter; Mr. W. Rivington; Mr. J. Dewar, Cardiff, (with enclosure;) Mr. Davies, Birmingham; Mr. Fearns, Churchenford, (with enclosure;) Dr. Maysmor; Dr. Abbotts Smith; Mr. E. Landez, Shiffnal, (with enclosure;) Mr. Bostock, Horsham; Dr. Hunter, Margate; Mr. Ellis, Crowle; The Secretary of the Army Medical School; Observer; X., (with enclosure;) M. A. B.; E. S.; M.D.; F.R.C.S.; Z., (with enclosure;) Disque; E. B. W.; H. H.; Vindex; A Militia Surgeon; Medicus, (with enclosure;) M.R.C.S.; Chirurgicus; A Constant Reader; Bob Sawyer, M.D.; S. S.; Nom de Plume; A Medical Officer; Protos; A Medical Student; Royal Institution; A Subscriber; &c. &c.